THE KADUNA STATE PRIMARY HEALTH CARE BOARD LAW, 2020

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THE KADUNA STATE PRIMARY HEALTH CARE BOARD LAW, 2020



Kaduna State of Nigeria

(7th March 2020)

Date of Commencement

PART I PRELIMINARY

BE IT ENACTED by the House of Assembly of Kaduna State as Enactment follows:-

- 1. This Law may be cited as the Kaduna State Primary Health Care Short Title Board Law, 2020.
- 3. In this Law unless the context otherwise requires:

Interpretation

Commencement

"Chairman" means Chairman of the Governing Board appointed under Section 7 of this Law;

"Commissioner" means the Commissioner responsible for health matters in the State;

"Governing Board" means the Governing Board of the State Primary Health Care Board established under Section 7 of this Law;

"Facility" means any health care centre established by the State or Local Government for the provision of primary health care services;

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"Governor" means the Governor of Kaduna State of Nigeria;

"Local Government Areas" means the twenty three (23) Local Governments Area of the State;

"Member" means a member of the Governing Board and includes the Chairman;

"Private Health Establishments" means Hospitals, Nursing Homes, Maternity Homes, Convalescent Homes and Medical Clinics under the control or supervision of Medical Practitioners and includes Medical Laboratory Centres, Physiotherapy Centres, Radiographic (x-ray) Centres or premises regulated by the Pharmacists Council of Nigeria and those duly qualified and registered Ophthalmologists, Opticians and Optometrists;

"Reproductive Health" includes safe motherhood including child spacing/family planning, adolescent sexuality, harmful traditional practices, reproductive tract, cancers, sexually transmitted diseases including HIV/AIDS; and

"State" means Kaduna State of Nigeria.

PART II

ESTABLISHMENT, FUNCTIONS AND COMPOSITION OF THE BOARD

- (1) There is hereby established for the State, a body to be known as the Kaduna State Primary Health Care Board (SPHCB).
 - (2) The Board shall be a body corporate with perpetual succession and a common Seal.
 - (3) The Board may sue and be sued in its corporate name and may acquire and hold any property whether movable or immovable.
- The objectives of the Board shall be to:
 - (1) fast track the development and operations of Primary Health Care system by bringing "Primary Health Care Under One Roof (PHCUOR)";

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Establishment of the Board

Objectives of the Board

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- (2) ensure equitable distribution, adequate maintenance of Primary Health Care facilities and effective access to services; and
- (3) work with other relevant bodies to facilitate the implementation of the National Health Policy.
- 6. The functions of the Board shall be to:

Functions of the Board

- review and propose changes to the existing State health policies with regards to bringing "Primary Health Care Under One Roof" and ensuring its full implementation in the State;
- develop and implement all aspects of Primary Health Care human resources and services within the State in line with the "*Primary Health Care Under One Roof*" policy;
- (iii) develop, promote and monitor Primary Health Care plans for the State in accordance with the National Health Policy;
- (v) ensure effective community participation in all Primary Health Care activities;
- (vi) strengthen referrals and linkages with other levels of the health care delivery system in the State;
- (vii) develop a sound database for effective planning, implementation and supervision of all Primary Health Care activities in the State;
- (viii) develop effective capacity and skills of staff and communities;
- (ix) encourage collaboration with other sectors (public and private) in the development and support of the Primary Health Care system;
- mobilize resources both nationally and Internationally and to work with relevant development partners to support the development of Primary Health Care system in the State;

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- (xi) manage funds provided for the Board through the National Primary Health Care Development Agency (NPHCDA) and other sources for Primary Health Care services and programmes in the State;
- (xii) recruit, deploy, promote and discipline Primary Health Care employees; and where there is attrition to replace appropriately;
- (xiii) maintain and update personnel records of all Primary Health Care employees in the State;
- (xvi) ensure manpower planning, development and training of Primary Health Care employees in the State;
- (xvii) recommend to the Governing Board the appointment of Local Government Health Secretaries and other members of the Management Team for each Local Government Health Authority in the State;
- (xviii) constitute an Advisory Committee for each Local Government with a balanced representation of Primary Health Care stakeholders to be headed by the Local Government Chairman;
- (xix) ensure annual budgetary provision, monitoring and evaluation of all Primary Health Care services in the State for the maintenance of the minimum standard;
- (xx) ensure the development, update and publication of a costed Minimum Service Package (MSP) policy and document for Primary Health Care facilities and services in the State;
- (xxi) ensure that medical auditing of Primary Health Care facilities in all Local Government Areas of the State is carried out every two years and the report is published;
- (xxii) ensure compliance with minimum standards and issue annual certificate as appropriate to Primary Health Care facilities in the State;
- (xxiii) to do all such other things expedient for carrying out its functions.

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(1) The Governing Board shall consist of the following members to be appointed by the Governor:

Composition of the Governing Board

- a) a Chairman who shall be a person of proven integrity and outstanding ability in Management;
- b) ex-officio members not below the rank of Assistant Director in the State Civil Service one from each of the Ministries/Departments responsible for:
 - (i) Health;

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- (ii) Local Government;
- (iii) Environment; and
- (iv) Education.
- c) two representatives each on rotational basis from:
 - (i) Private Health Care Providers in the State;
 - (ii) Health Professional Bodies.
- d) three (3) members to represent the three Senatorial Districts in the State at least one of whom shall be a woman;
- e) three Local Government Council Chairmen, one each from the three Senatorial Districts;
- f) representative of the State Bureau for the Prevention of Substance abuse;
- g) the Executive Secretary whom shall be the Secretary of the Governing Board.
- (2) (a) The Chairman and members other than ex-officio members shall hold office for a period of four (4) years and shall be eligible for reappointment for a term of four (4) years only.
 - (b) There shall be paid to the members of the Governing Board such remunerations and allowances as the Governor may determine.

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- (3) The office of a member of the Governing Board, other than an Ex-Officio member, shall become vacant if:
 - (a) he resigns his appointment by notice in writing addressed to the Governor;
 - (b) he is convicted of an offence involving fraud by a court of competent jurisdiction;
 - (c) he is adjudged or declared bankrupt;
 - (d) the Governing Board passes a resolution declaring that he has become:
 - (i) incapable by reasons of mental or bodily infirmity or unable to discharge his duties;
 - (ii) unfit for membership of the Governing Board by reason of the fact that he has interest in a contract entered into by the Governing Board and has not disclosed that fact; or
 - (iii) unfit for membership by reason of having contravened the provisions of this Law or any regulations made generally for the carrying into effect the purpose of this Law.
- 8. The Governing Board shall:

Powers of the Governing Board

- (a) provide guidance and oversight for the provision and efficient running of Primary Health Care systems for all residents of the State;
- (b) approve all appointments, promotions and disciplinary actions, strategic work plans, budgets, capital expenditures, any other major undertaking, that may be necessary to enhance the functions of the Board;
- support funds mobilization necessary for the provision of effective and efficient Primary Health Care services;
- (d) advise the Commissioners of Health and Local Government, as well as Local Government Areas on all matters concerning Primary Health Care implementation in the State;

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- (e) perform such other functions as may be assigned to it by the Governor.
- (1) The Governing Board shall meet at such time as it may deem expedient for the transaction of its business and such meetings shall be held at such places and times and on such day as the Chairman may decide, except that the Governing Board shall meet at least once in every quarter of the year.

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- (2) The quorum for any meetings of the Governing Board shall be the Chairman and five (5) members but where the Chairman is absent from any meeting the members present shall nominate one of them to act as the Chairman for that purpose.
- (3) No act or proceeding of the Board shall be invalidated merely on the ground of existence of any vacancy or defect in the constitution of the Governing Board, except where actions were not supported by a quorum.
- 10. (1) There shall be appointed by the Governor an Executive Secretary for the Board.
 - the Board

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Executive Secretary of

- (2) The Executive Secretary shall be a Medical practitioner of proven integrity, with additional qualification in public health and cognate experience of not less than ten (10) years.
- (3) The Executive Secretary appointed pursuant to sub-section(1) of this Section shall:
 - (a) be the Chief Executive and Accounting Officer of the Board;
 - (b) carry out the day-to-day administration of the Board;
 - (c) ensure the implementation of the decisions of the Governing Board.
- (4) The Executive Secretary shall hold office for a period of five years and shall be eligible for reappointment for another term of five (5) years only.
- (5) (a) the Executive Secretary may at any time resign his

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Meetings and Quorum of the Governing Board appointment by notice of resignation in writing under his hand to the Governor.

- (b) if the Governor is satisfied that the executive Secretary;
 - (i) has been convicted of an offence involving fraud or dishonesty;
 - (ii) is incapacitated by physical or mental illness from performing his functions as a member;
 - (iii) has become bankrupt or made arrangements with his creditors;
 - (vi) has such financial or other interest in the operation of the Board which is likely to affect prejudicially the discharge of his functions as member;
 - is otherwise unable or unfit to discharge his (v) functions as Executive Secretary,

the Governor may declare his office vacant.

11. The Board shall subject to the approval of the Governor, establish such departments as it deems necessary.

Establishment of Departments

PART III STRUCTURE OF THE BOARD

- There is hereby established a Zonal office across each of the 12. Senatorial Districts of the State.
- 13. The Zonal Offices, shall oversee all Primary Health Care activities in their respective Local Government Health Authorities within the zone, under the supervision of the Board.
- 14. The Zonal office shall have the requisite staff and be headed by a Zonal Coordinator, appointed on the recommendation of the Executive Secretary and approved by the Governing Board.
- 15. (1)There is hereby established a Local Government Health Authority (LGHA) for each Local Government Area in the State.

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Establishment of Zonal

Offices

Function of the Zonal Offices

Zonal Coordinators

Establishment of Local

Government Health

Authority

- (2) The Local Government Health Authority shall:
 - (a) be responsible and accountable to the Board;
 - (b) plan targets in line with the overall objectives of the Board taking into due cognizance the policy direction of the Local Government Chairman;
 - (c) monitor performance against set targets;
 - (d) develop budgetary proposal for services offered in the Primary Health Care facilities in the Local Government;
 - (e) exercise powers to supervise and discipline staff on Grade Levels 01 – 06 subject to supervision of the Board;
 - (f) replicate the Ward Health System in all the wards of the Local Government Area;
 - (g) appoint Ward Focal Person/Supervisor and ensure appropriate mix of clinical and support staff for the Ward Primary Health Care Team for all the wards in the Local Government;
 - (h) distribute and maintain infrastructures, equipment and supplies to all Primary Health Care facilities in the Local Government;
 - (i) collate and submit monthly and annual service utilization data along with financial statements and progress reports to the Board; and
 - (j) ensure the effective implementation of Basic Health Care Provision Fund, State Contributory Health Scheme, and other special health interventions of interest.
- 16. (1) The Local Government Health Authority Advisory Committee shall consist of:

Composition of the Local Government Health Authority Advisory Committee

- (a) Chairman of the Local Government Area (LGA) as Chairman;
- (b) Supervisory Councilor for Health;
- (c) Directors of other departments in the Local Government (Works, Agriculture, Finance, Education, Community Development and Personnel);

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- (d) One representative of the National Orientation Agency;
- (e) One representative of Traditional Council in the local government;
- (f) One representative of Religious Leaders;
- (g) Head of one referral Public Hospital;
- (h) One representative of private health sector;
- (i) One representative of women leaders;
- (j) One representative of Health training institutions where available;
- (k) One representative of Civil Society Organizations/ Community Based Organizations;
- (I) Two representatives of Ward Development Committee (on a rotational basis); and
- (m) Local Government Health Secretary as Local Government Advisory Committee Secretary.
- (2) The Local Government Health Authority Advisory Committee shall:
 - (a) primarily advise the Governing Board of the State Primary Health Care Board and the Local Government Health Authority Management Team;
 - (b) set the overall vision and mission of the Authority;
 - (c) provide strategic direction to Local Government Health Authority Management Team;
 - (d) mobilize and allocate resources;
 - hold implementers to account for effective and efficient use of resources;
 - (f) develop effective working relationship with the management team and communities;
 - (g) receive and deliberate on Health reports of the Local Government and advise Local Government Health

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Authority Management Team on decisions to improve Health outcomes;

- (h) support Local Government Health Authority Management Team on implementation of Primary Health Care in the Local Government Area; and
- (i) identify and fund the Primary Health Care capital projects.
- 17. (1) The Executive Secretary shall appoint a Medical Officer and where none exists, any Health Officer with relevant qualifications and experience as Local Government Health Secretary for each Local Government Health Authority in the State.
 - (2) The appointment shall be subject to confirmation and approval by the Governing Board of the State Primary Health Care Board.
- 18. The Director Primary Health Care shall be assisted by suitably qualified officers with relevant qualifications designated as Deputy Directors in charge of divisions, Programme Officers in charge of units in the Local Government Health Authority and Ward Focal Persons/Supervisors in charge of political wards in the Local Government.
- 19. (1) The Local Government Health Authority Management Team shall be made up of the following:
 - (a) Local Government Health Authority Secretary;
 - (b) Two Deputy Directors;
 - (c) Programme Officer responsible for
 - (i) Planning and Research,
 - (ii) Monitoring and Evaluation;
 - (d) Disease Control;
 - (e) Immunization;
 - (f) Essential Drugs, Equipment and Logistics;
 - (g) Health Promotion;
 - (h) Nutrition;

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Functions of the Local Government Health Advisory Authority

Appointment of Deputy Directors, Programme Officers and Ward Focal Persons/Supervisors

Composition of Local Government Health Authority Management Team

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- (i) Reproductive, Maternal & Child Health;
- (j) Administrative Officer and;
- (k) Finance and Accounts Officer.
- (2) The Local Government Health Authority Management Team shall be under the leadership of the Local Government Health Authority Secretary.
- (3) The Administrative Officer shall serve as the Secretary.
- (4) The Local Government Health Authority Secretary shall report directly to the Executive Secretary.
- 20. The Local Government Health Authority Management Team is responsible for:

Responsibilities of Local Government Health Authority Management Team

- (1) the day-to-day management of the Authority.
- (2) overall management of Local Government Health Authority resources through effective planning, implementation and coordination of Primary Health Care activities in the Local Government including the following:
 - (a) ensuring that health system performance gaps (clinical and management/administrative) identified during supervision are addressed through appropriate capacity building and quality improvement interventions;
 - (b) enable and encourage community members to participate in initiating, devising, implementing and monitoring decisions and plans based on their local health needs, priorities, capacities and resources;
 - (c) provide Local Government Area-wide partner coordination and alignment with priorities and planning to prevent duplication;
 - (d) work with partners in other sectors (e.g. education, agriculture, infrastructure) on initiatives aiming to promote health;
 - (e) advocate for, identify and mobilize resources to address current and future gaps in health service delivery;

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- (f) provide technical and management support to Ward Development Committee's and facilities to achieve better health outcomes; and
- (g) supervise the Local Government Health Authority staff.
- 21. The Local Government Health Authority shall consist of:
 - (a) the Local Government Health Authority Advisory Committee; and
 - (b) the Local Government Health Authority Management Team.
- 22. (1) The implementation of Primary Health Care services in the Local Government Areas of the State shall be based on the Ward Health System.
 - (2) The Ward Health System in the State shall consist of the Ward Development Committee (WDC) at the ward level, the Village Development Committees (VDCs) at the village level and the Facility Management Committee (FMC) for each Primary Health Centre and Primary Health Clinic.

Ward Health System

Composition of the

Local Government Committees

PART IV

FINANCIAL PROVISIONS

- 23. The funds and resources of the Board shall consist of:
 - (a) all sums, investments or other property vested in the Board by virtue of the provisions of this Law;
 - (b) such sums or other property as may from time to time be advanced by way of loans or grants to the Board by any Federal, State or Local Government, any international organisation and private foundation or any person whatsoever;
 - (c) any investments or other property whatsoever acquired by the Board;
 - (d) any money allocated to the Board by the State House of Assembly as budgetary allocation or such other money as may from time to time accrue to the Board; and
 - (e) any other sum accruing to the Board from any other sources.

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Funds and Resources of the Board

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24. The Board may accept gifts, grant or donation of land, money or other property from any person upon such terms and conditions acceptable to the Board.

- 25. The Board shall apply its funds to defray the following:
 - (a) the allowances of members of the Governing Board;
 - (b) the salaries, remuneration, fees, allowances, pensions of the staff, employees, agents, technical and other advisers or consultants of the Board;
 - (c) such works of a capital nature as the Board may deem necessary;
 - (d) taxes, rates and other levies payable by the Board under any Law;
 - (e) interest on loans raised by and on behalf of the Board; and
 - (f) such other expenditure as the Board may approve for payment out of the funds of the Board in respect of any financial year.
- 26. The Board shall be jointly funded by the State and Local Government Councils based on a ratio of 40% and 60% respectively, including both recurrent and capital expenditures.

Funding of the Board

Source of Funds

- 27. (1) The Board shall have power to source for funds from:
 - (a) local and International Donor Agencies;
 - (b) gifts;
 - (c) grants and Aids;
 - (d) intervention Funds accruing to the Board from the Federal Government of Nigeria;
 - (e) other sources, as may from time to time, be approved by the Governor.
 - (2) The Board shall keep proper record and statement of accounts of all its transactions and shall cause to be prepared a report on or before 31st December of each financial year.
 - (3) The statement of account referred to in sub-section (2) of this Section shall be verified by the Board and audited by

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Power to accept gifts

Management of Funds

a firm of auditors appointed by the Board and nominated by the Auditor-General of the State and shall be published in the annual report of the Board.

PART V MISCELLANEOUS

- 28. The Board may enter into or execute any contract.
- 29. Where a Seal is required in a contract or any other document, the fixing of the Common Seal of the Board shall be authenticated by the signature of the Executive Secretary to the Board or of any member generally or specifically authorised in that behalf by the Board.
- 30. The Governor may give to the Board directives of a general or specific nature with respect to the performance of its functions.
- 31. The Board may, with the approval of the Governor make regulations to carry into effect all or any of the provisions of this Law and generally for proper administration of the Primary Health Care system in the State.
- 32. (1)The Board shall have power to exercise disciplinary control over its staff as it may deem necessary for the discharge of its functions under this Law and in accordance with the State Civil Service Rules.
 - (2)The terms and conditions of service of the employees of the Board shall be determined by the Governing Board in accordance with the State Civil Service Rules.
- 33. The Board shall submit an annual report of its activities to the Annual Report Commissioner.
- 34. Service in the Board shall be approved service for purposes of payment of Pensions and other retirement benefits in accordance with the Pension Law of the State.
- 35. (1)No suit shall be instituted in any court against the Board, a member of the Board, any staff or other employee of the Board for any act done in pursuance or execution of this Law, or public duties or in respect of any alleged neglect or default in the execution of this Law, duties or authority, unless:

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Fixing of Common Seal

Authentication of Instrument

Governor's Directives

Regulations

Disciplinary Control

Institution and Commencement of

Actions in Court

Pensions

- (a) it is commenced within six months immediately following the act, neglect or default complained; or
- (b) in the case of continuation of damage or injury within six months next after the ceasing thereof.
- (2) No suit shall be commenced against the Board or any staff, other employee of the Board before the expiration of a period one month after written notice of intention to commence the suit shall have been served on the Board by the intending plaintiff or his agent, and the notice shall clearly, explicitly state the:
 - (a) cause of action;
 - (b) particulars of claim;
 - (c) name and place of abode of the intending plaintiff; and
 - (d) relief which he claims.
- 36. The notice referred to in subsection (2) of Section 35 of this Service of Notice Law, and any summons, notice or other documents required or authorised to be served upon the Board under the provisions of this Law may be served by delivering same to the office of the Executive Secretary at the Principal Office of the Board.
- 37. All actions taken in pursuance of the repealed law shall be savings deemed to have been made under this law.
- 38. The Kaduna State Primary Health Care Development Agency Repeal Law, No. 14 of 2015 is hereby repealed.

Malam Nasir Ahmad el-Rufa'i Governor, Kaduna State.

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EXPLANATORY NOTE

(This note does not form part of this Law and has no legal effect).

The purpose of this Law is to substitute Kaduna State Primary Health Care Development Agency Law No. 14 of 2015.

This printed impression has been carefully compared with the Bill which has been passed by the Kaduna State House of Assembly and found to be true and correct printed copy of the said Bill.

RT. HON. YUSUF IBRAHIM³**ZAILANI** (Speaker)

BELLO ZUBAIRU IDRIS Esq. (Clerk to the Legislature)

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