

**PRIMARY HEALTH CARE DEVELOPMENT BOARD
LAW, 2018**

GOVERNMENT OF BAYELSA STATE OF NIGERIA
**PRIMARY HEALTH CARE DEVELOPMENT BOARD LAW,
2018**

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PRIMARY HEALTH CARE DEVELOPMENT BOARD LAW, 2018

A Law to provide for the establishment of the Bayelsa State Primary Healthcare Development Board and for other connected purposes.

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Commencement

Enacted by the Bayelsa State House of Assembly as follows:

Enactment

PART I THE ESTABLISHMENT AND COMPOSITION OF THE PRIMARY HEALTH CARE DEVELOPMENT BOARD

1. (1) There is hereby established a body to be known as Bayelsa State Primary Health Care Development Board (in this Bill referred to as the '**Board**'). *Establishment of the Board*

(2) The Board shall-
(a) be a body corporate with perpetual succession and a common seal;

(b) have power to sue and be sued in its corporate name; and

(c) have the power, subject to the provisions of this Law and procedures recognized by the State, to acquire, manage, hold and or dispose off property whether movable or immovable within and outside the State.

2 (1) The Board shall consist of the following:

(a) A Part-time Chairman, who shall be a qualified, individual with at least ten (10) years experience in Public Health or Health Management or any other related field. *Composition of the Board*

(b) One Representative each from-

(i) the Ministry of Health

(ii) the Ministry of Women Affairs and Social

Development

(iii) the Ministry of Finance

(iv) the Ministry of Local Government

(v) the Ministry of Environment

- (vi) Nigerian Medical Association
- (vii) National Association of Nigerian Nurses and Midwives
- (viii) Medical and Health Workers Union of Nigeria
- (ix) Pharmaceutical Society of Nigeria
- (x) the Chairman of the Association of Local Government Chairmen (ALGON) in the State

(xi) Association of Medical Laboratory Scientists of Nigeria

(c) One member representing each of the Local Government Areas of the State.

(d) An Executive Secretary, who shall be the head of the Secretariat of the Board.

(2) (a) The appointment of persons in 2(I) 'a', 'c' and 'd' shall be made by the Governor.

(b) Ministries, Departments, Agencies and relevant Bodies are to nominate their representatives

(c) All persons representing ministries, departments and agencies shall not be below the rank of an Assistant Director.

3. a) A board member serving in an official capacity shall hold office concurrently with his term of office and shall be deemed to have resigned, irrespective of the reason for termination of his employment, at such time as he no longer holds the relevant office. *Tenure of office*

b) The chairman and members of the Board, other than ex-officio members shall hold office for a term of four years and may be eligible for re-appointment for one further term of four years only.

4. 1) Notwithstanding the provisions of Section 3 above, the office of a member other than an ex-officio member shall be deemed vacant if- *Vacating Office*

a) he has resigned in writing under his hand addressed to the chairman,

b) he has without a valid excuse absented himself from three consecutive meetings of the Board

- c) the Governor directs in writing the termination of a member's appointment where he determines that the; member's activities are detrimental to the function and objectives of the Board,
- d) he is adjudged under any law in force in any part of the Federation to be a lunatic or otherwise declared to be of unsound mind,
- e) he is convicted for an offence involving dishonesty or fraud imposed on him by a court of competent jurisdiction,
- f) he has been found guilty of a contravention of the code of conduct Bureau and Tribunal Act,
- g) he is an undischarged bankrupt, having been adjudged or otherwise declared bankrupt under the law of any part of the Federation,
- h) he is a member of a secret society; and
- i) he has been indicted for embezzlement, or fraud by a judicial commission of inquiry or a tribunal under the Commission of inquiry law or any other Federal, State or Local Government Law.

2) Where in respect of any person who being adjudged a lunatic, declared to be of unsound mind, sentenced to death or imprisonment, adjudged or declared a bankrupt and an appeal against any decision is pending in a court in accordance with any law in force in Nigeria, subsection (1) shall not apply during the period beginning from the date the appeal is lodged and ending on the date it is finally determined or, as the case may be, the appeal is abandoned or lapses, whichever is earlier.

PART II BOARD PROCEEDINGS

5. 1) The Board shall meet not less than once in every quarter and its proceedings may be at a time and place to be determined by the chairman after giving fourteen (14) days notice in writing to the members.

Proceedings

2) The chairman shall preside over all meetings of the Board.

3) In the event that the chairman is absent or otherwise unable to preside over a meeting of the Board, the members present shall designate a member under Section 2 (1) c to preside over the meeting.

4) The Board shall make decisions on the basis of consensus or by a simple majority of members present in accordance with provisions of section 7 of this law.

5) The business of the Board shall be conducted in English.

6) The Board may consult with or hear representations on the delivery of primary health care services generally from any person, body or authority.

6. The quorum of the Board shall be one third of its members, excluding the chairman. *Quorum*

7. A decision of the Board shall be determined by a simple majority of members present and voting and the chairman or other person presiding over the meeting shall have casting vote where there is a tie *Voting and Casting Vote*

8. 1) Where the Board requires specialized advice or services, it may co-opt the services of a qualified person to assist it to make an informed decision. *Special Advice or Services*

2) Notwithstanding subsection (1) above the person co-opted by the Board shall not be construed as a Board member and or be entitled to vote on any matter before the Board.

9. The proceedings of the Board shall not be invalidated by reason of vacancy among its members or by any defect in the nomination, appointment or qualification of a member. *Vacancy*

10. The Board may make standing Orders for the regulation of its proceedings and may amend, vary or revoke such standing Orders. *Standing Orders*

11. (1) If a member of the Board or any committee thereof has any pecuniary interest, direct or indirect, on account of a contract or a proposed contract or any other matter, he shall, at a meeting of the Board at which the contract or matter is being considered. *Disability of Members or Voting on Account of Interest*

a) disclose his interest
b) abstain from taking part in the consideration or discussion of or voting on any question with respect to such contract or other matters connected thereto.

c) withdraw from the meeting during such consideration or discussion if he is so directed by the person presiding over the meeting.

(2) For the purpose of this section, a person shall be treated as having direct or indirect pecuniary interest in a contract or other related matters if-

a) he or any of his nominees, is a member of the company or other body with which a contract is made or proposed or

which has a direct pecuniary interest in the contract or other matter under consideration, and

- b) he is a partner or in the employment or proposed employment of a person with whom a contract is made or is proposed or who has a pecuniary interest in the contract or other related matters under consideration.

12. A Board member shall not be held personally liable for any act or omission in the discharge of his duties as a Board member except to the extent that he operated in his individual capacity outside the scope of his authority as a board member.

Liability

13. A Board member including but not limited to the part – time chairman and members under Section 2 (1)(d) and not inclusive of ex-officio members shall be entitled to remuneration and allowances as specified in any State policy or guidelines for Board members or in the alternative by the Governor. PROVIDED that in the case of other members they shall be entitled to sitting allowances as may be approved by the Governor.

*Remuneration
and
Allowances*

PART III BOARD COMMITTEES

14. (1) The Board may appoint standing or ad hoc committee for any general or special purpose where in its opinion, health services to be provided under the Law would be better managed.

Committees

- (2) The Board may in writing -
 - a) delegate any function it may exercise except those functions provided for in section 15 (1)-(7), inclusive, to a committee established under subsection (1); and
 - b) withdraw the delegation at any time.

- (3) A committee appointed under this section may include persons who are not members of the Board provided that at least two-thirds of the committee shall be made up of members of the Board.

PART IV FUNCTIONS, DUTIES AND POWERS OF THE BOARD

15. (1) The Board shall perform the following functions and duties-

- (a) provision and implementation of sustainable delivery of primary health care services generally and the Ward Minimum Health Care Package specifically;

*Powers and
Duties*

- (b) provision of integrated strategic health planning and development for the delivery of primary health care services, including but not limited to the Ward Minimum Health Care Package, in the state and oversee the implementation of all strategic plans; and
 - (c) oversee the integration, allocation and disbursement of resources and oversight to ensure the equitable delivery of the Ward Minimum Health Care Package by each Local Government Primary Health Care Authority.
- (2) The Board may make appropriate recommendations to the Ministry of Health with respect to-
 - a) the nature and scope of delivery of all matters affecting primary health care services, including but not limited to
 -
 - i. the development, adoption and implementation of policies on primary health care service, and
 - ii. the Ward Minimum Health Care Package to be provided by each Local Government Primary Health Care Authority,
 - b) the demarcation of boundaries of Health Administrative Areas, and
 - c) any other matter relevant to the effective functioning of Local Government Primary Health Care Authority and service delivery.
- (3) The Board shall collaborate with the Ministry of Health-
 - a) to establish fee structure for health services including but not limited to health services to be provided free of charge,
 - b) on the development of individual Local Government Primary Health Care Authority annual plans and proposed global and individual annual primary health care fund account allocations to the Local Government Primary Health Care Authorities, and
 - c) other health related matters.

- (4) The Board shall collaborate with the Ministry of Health; Ministry of Local Government and Hospital Management Board to develop maintain and continuously update the Health Management Information System.
- (5) The Board shall-
- a) specify levels of primary health services delivery, including but not limited to the Ward Minimum Health Care Package, and related standards,
 - b) establish its annual performance targets, together with annual performance target for Local Government Primary Health Care Authority,
 - c) establish Local Government Health Teams, Health Facility Management Teams and Ward Health Committees,
 - d) revise annual performance targets contemplated in paragraph (b) to accommodate financial and other constraints as they arise and specify realistic targets,
 - e) promote collaboration among public, private and non-governmental health care providers and major stakeholders including but not limited to donors,
 - f) oversee and manage the integration, allocation and disbursement of resources for primary health care services generally and the Ward Minimum Health Care Package specifically to Local Government Primary Health Care Authority, including but not limited to Ward Health Committees,
 - g) incorporate and assign all health care personnel responsible for the delivery of primary health care services generally and the Ward Minimum Health Care Package specifically and employed by or through the Ministry of Health, Ministry for Local Government and a Local Government Council to relevant Local Government Primary Health Care Authority,
 - h) be responsible, for the employment and management of its staff in line with Public Service rules,
 - i) exercise supervisory authority over all Primary Health Care facilities, equipment and medical supplies currently held at the Local Government Council, and

- j) ensure single lines of authority through Local Government Primary Health Care Authority with respect to the delivery of primary health care services generally and the Ward Minimum Health Care Package specifically.

(6) The Board shall determine all matters relating to primary health care service delivery standards, including but not limited to-

- a) the development and implementation of appropriate assessment tools to evaluate the frequency and quality of primary health care services generally and the Ward Minimum Health Care Package specifically offered within each Health Administrative Area at each health facility,
- b) establishing minimum requirements and standards for categories of health facilities and each level of management including personnel, equipment, vehicles and medical supplies,
- c) developing and implementing a written policy on all matters relating to procurement by Local Government Primary Health Care Authority, and
- d) coordinate the purchase and distribution of all medical supplies for health facilities.

(7) The Board shall-

- a) adopt a patients' Charter.
- b) the patient's charter shall be visibly displayed at all health facilities in the State.

PART V EXECUTIVE SECRETARY

16. 1) The Governor shall appoint an Executive Secretary who shall be a qualified practicing Medical/Health professional in Public Service of proven integrity, with a minimum of ten (10) years post qualification experience in Public Health.

*Qualification
for
Appointment*

- 2) The Executive Secretary shall be appointed for a term of four (4) years and may be reappointed, by the Governor for one additional term of four years only.

17. 1) The Executive Secretary shall be responsible for the day to day execution of Board policy, general management of the business of the Board and other functions as may be directed from time to time by the Board. *Duties and Reporting*

2) The Executive Secretary shall report to the Board.

18. The Executive Secretary may be removed from office by the Governor at any time on account of gross misconduct, incapacity or inefficiency. *Removal from Office*

**PART VI
BOARD DEPARTMENTS AND STAFFING**

19 1) The Board shall establish the following departments *Board Departments*

A. CLINICAL SERVICES/MEDICAL DEPARTMENT

- i. Medical Laboratory Service Division
- ii. Safe Motherhood Division (maternal and Child Health)
- iii. Nutrition
- iv. Dental Health Division
- v. Mental Health/Geriatric Division

B. COMMUNITY HEALTH DEPARTMENT

- i. Immunization Division
- ii. Cold Chain Services
- iii. Disease control and epidemiology division
- iv. School Health Services

C. ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

- i. Environmental Sanitation Division
- ii. Pollution Division
- iii. Health and Safety Division
- iv. Occupational Health Division

D. PHARMACEUTICAL DEPARTMENT

- i. Essential Drugs Division (Drug Revolving Fund)
- ii. Pharmaceutical Division
- iii. Pharmaceutical stores and supplies division
- iv. Procurement and logistics

E. ADMINISTRATION DEPARTMENT

- i. Human Resources Management Division
- ii. Public Relations Division

F. FINANCE AND SUPPLIES DEPARTMENT

- i. Finance and Accounts division
- ii. Audit division
- iii. Procurement division

G. PLANNING, RESEARCH AND STATISTICS DEPARTMENT

- i. Monitoring and Evaluation division
- ii. Health Information Management division
- iii. Planning and Research division

H. HEALTH PROMOTION DEPARTMENT

- i. Social Mobilization/Health Education Division
- ii. Social workers division
- iii. Contact tracing division

I. WATER SANITATION AND HYGIENE DEPARTMENT

- i. Water safety plan/quality control/analysis division
- ii. Hygiene promotion and education division

2) The Board shall determine the functions of each department and division under subsection (1) of this section

3) All departments shall be responsible for the training and re-training of their staff.

4) The Board shall employ persons with relevant qualifications and experience to head each department and division.

5) The Board may, as required from time to time for the effective delivery of primary health care services generally and the Ward Minimum Health Care Package specifically,

a). Vary the departments and divisions contemplated in subsection (1), and

b). Establish additional departments or restructure departments and divisions to enhance effective health care delivery.

20. (1) The Board shall employ and deploy all staff required for the efficient and effective delivery of primary health care services generally and the Ward Minimum Health Care Package specifically *Staffing*

(2) All relevant Ministries, Departments, Agencies and Local Government Councils shall transfer all employees providing or responsible for primary Health Care services delivery to the Board.

PART VII
BOARD FUNDING, BANK ACCOUNT AND EXPENDITURE

21. The Board shall be entitled to receive funding as contemplated in section 47(1) for its operations and those of the Local Government Primary Health Care Authorities, Local Government Health Teams, Health Facility Management Teams and Ward Health Committees. *Funding*

22. 1) The Board shall open a current account in its corporate name at a reputable Nigerian bank in the state as authorized by the Governor. *Current Account and Expenditure*

2) All Board income shall be deposited into the account established pursuant to this section.

3) The Executive Secretary, the Accountant of the Board and one other Director approved by the Board shall be the authorized signatories to the Board current account.

PART VIII
LOCAL GOVERNMENT PRIMARY HEALTH CARE AUTHORITY

23. A Local Government Primary Health Care Authority (herein after referred to as the "Authority") shall be established by each Local Government Council in the State. *Establishment*

24. (1) A Local Government Primary Health Care Authority shall comprise of- *Composition*

- a) a part time chairman to be appointed by the Local Government Council Chairman, who shall be a medical/health professional with 7 years working experience.
- b) the Medical Officer of Health
- c) the Head of the department of health/Primary Health Care Coordinator of the Local Government Council
- d) the disease surveillance and notification officer
(DSNO)
- e) the health control and social mobilization officer
- f) the local immunization officer

- g) the cold chain officer
- h) the health management information system officer
- i) one representative of Traditional Rulers
- j) one representative of women groups
- k) one representative of religious organizations
- l) one representative of private health care providers

And

- m) one representative of traditional birth attendants.
- n) Nigeria Medical Association
- o) Medical and Health Workers Union of Nigeria
- p) National Association of Nigeria Nurses and Midwives
- q) National Union of Allied Health Professionals

(2) The Medical/Health Professionals of the Local Government Areas shall:

- (a) Be appointed by the Local Government Chairman
- (b) Not be less than grade level 14
- (c) Be the Administration and Technical Heads and
- (d) Be the Secretary.

25. (1) A Local Government Primary Health Care Authority shall meet at least once in every two month. *Proceedings*

- (2) The chairman shall preside over all meetings of the Local Government Primary Health Care Authority.
- (3) In the event that the chairman is absent or otherwise unable to preside over a meeting of a Local Government Primary Health Care Authority, the members present shall designate a member to preside over the meeting.

- (4) A Local Government Primary Health Care Authority shall make decisions on the basis of consensus, or by a simple majority of members present.
- (5) The business of a Local Government Primary Health Care Authority shall be conducted in English.
- (6) A Local Government Primary Health Care Authority may consult with or hear representations on the delivery of primary health care services generally and the Ward Minimum Health Care Package specifically and matters within the Local Government Council from any person, body or authority.

26. The quorum of a Local Government Primary Health Care Authority shall be one-third of its members, excluding the chairman.

Quorum

27. A decision of the Local Government Primary Health Care Authority shall be determined by a simple majority of members present and the chairman or other person presiding over the meeting shall have casting vote where there is a tie.

Voting and Casting Vote

28. The proceedings of Local Government Primary Health Care Authority meeting shall not be invalidated by reason of a vacancy among its members or by any defect in the nomination, appointment or qualification of a member.

Vacancy

29. (1) If a member of a Local Government Primary Health Care Authority has any pecuniary interest, direct or indirect, on account of a contract or a proposed contract or any other matter being considered by the Local Government Primary Health Care Authority, he shall, at a meeting of the Local Government Primary Health Care Authority at which the contract or matter is being considered.

Disability of Members for Voting on Account of Interest

- a) disclose his interest
- b) abstain from taking part in the consideration or discussion of or vote on any question with respect to such contract or other matters; and
- c) withdraw from the meeting during such consideration or discussion if so directed by the person presiding over the meeting.

(2) For the purpose of this section, a person shall be treated as having direct or indirect pecuniary interest in a contract or other matter related matters if-

- a) He or any of his nominees, is a member of the company or other body with which a contract is made or proposed or which has a direct pecuniary interest in the contract or other matter under consideration, and
- b) He is a partner or in the employment or proposed employment of a person with whom a contract is made or is proposed or who has a direct pecuniary interest in the contract or other related matters under consideration.

(3) If a Local Government Primary Health Care Authority member fails to comply with subsection (1), he shall be-

- a) Prohibited by removal, by the Authority as a member of the Local Government Primary Health Care Authority, or
- b) Prohibited from serving on the Local Government Primary Health Care Authority for two years, and/or
- c) Subject to the breach of any criminal Law, be subject to prosecution.

30. (1) Local Government Primary Health Care Authority members, including but not limited to the part – time chairman and not inclusive of ex-officio members shall be entitled to allowances for the equivalent category as specified in any State policy or guidelines for Local Government or in the alternative by the Local Government Council Chairman.

Allowances

(2) An ex-officio Local Government Primary Health Care Authority member shall be paid sitting allowance for attending Local Government Primary Health Care Authority meetings and /or such other travel or duty tour allowance as the Board may approve from time to time; or obtained in the public service of the State.

31. A Local Government Primary Health Care Authority shall-

Functions

- a) compile its annual plans, including business plans and detailed budgets, and stipulate its annual performance targets jointly with the relevant Health Facility Management Team in the Council,

- b) monitor all Primary Health Care Facilities within the relevant Local Government Area to ensure the effective day-to-day delivery of primary health care services, including but not limited to the Ward Minimum Health Care Package,
- c) provide general support to Health Facilities as specified from time to time by the Board,
- d) collect and collate data as specified by the Board for inclusion in the Health Management Information System,
- e) provide required support to ensure the effective functioning of the referral system implemented by the Board,
- f) report on disease control and surveillance as specified by the Board,
- g) ensure the prudent use of and accountability for all health resources generally and pursuant to any Board rules and guidelines stipulated by the Board,
- h) report periodically to the Executive Secretary on all activities undertaken in terms of this section,
- i) submit an annual report on Local Government Primary Health Care Authority activities in the format, and not later than the date specified by the Board,
- j) supervise village and Ward development Committees, and
- k) undertake other duties as may be assigned from time to time by the Board.

32. (1) Ex-officio members shall hold office in Local Government Primary Health Care Authority for the duration of their tenure in office;
 (2) Members of Local Government Primary Health Care Authority other than ex-officio members shall hold office for a term of four years and may be eligible for reappointment for one further term of four years.

Tenure of Office

33. (1) Notwithstanding the provisions of section 34, the office of a member other than an ex-officio member shall be deemed vacant if-

Vacating Office

- a) he has resigned in writing under his hand addressed to the chairman of the Local Government Primary Health Care Authority,
- b) he has without a valid excuse absented himself from three consecutive meetings of the Local Government Primary Health Care Authority. The Local Government Council Chairman may direct in writing the termination of a member's appointment or that of the Chairman where he determines that the member's activities are detrimental to the function and objectives of the Local Government Primary Health Care Authority,
- c) he is adjudged under any law in force in any part of the Federation to be a lunatic or otherwise declared to be of unsound mind,
- d) he is under a sentence of death imposed by a court of law or tribunal in Nigeria or a sentence of imprisonment for an offence involving dishonesty or fraud imposed on him by a Court of competent jurisdiction for any other sentence imposed on him by that court,
- e) he has been found guilty of a contravention of the code of conduct Bureau and Tribunal law,
- f) he is an undischarged bankrupt, having been adjudged or otherwise declared bankrupt under the law of any part of the Federation,
- g) he is a member of a secret society, or
- h) he has been indicted for embezzlement or fraud by a judicial commission of inquiry or a tribunal under the Commission of inquiry law or any other Federal, State or Local Government Law.

(2) Where in respect of any person who being adjudged a lunatic, declared to be of unsound mind, sentenced to death or imprisonment or adjudged or declared a bankrupt and an appeal against any decision is pending in a court in accordance with any law in force in Nigeria, subsection (1) shall not apply during the period beginning from the date the appeal is lodged and ending on the date it is finally determined or, as the case may be the appeal is abandoned or lapses, whichever is earlier.

PART IX
WARD HEALTH MANAGEMENT COMMITTEES

34. Each Local Government Council shall, on the basis of existing Wards, establish a Ward Health Management Committee for each Ward. *Establishment*

35. The Ward Health Management Committee shall be composed of- *Composition*

- a) a reputable community leader appointed by the relevant Local Government Council Chairman, who shall be the Chairman,
- b) the Ward councillor,
- c) one or two village heads in the Ward as may be appropriate who shall be appointed by the Council Chairman,
- d) the Agricultural Extension officer for the Ward,
- e) a primary school headmaster of a school in the Ward,
- f) a representative of women groups,
- g) Ward Focal Person , who shall be the secretary, and
- h) a representative of community based organizations.

36. (1) Ex-officio members shall hold office in Ward Health Management Committees for the duration of their tenure in office; *Tenure of Office*

(2) Members of Ward Health Management Committees other than ex-officio members shall hold office for a term of four years and may be eligible for reappointment for one further term of four years.

37. (1) Notwithstanding the provisions of section 36, the office of a member other than an ex-officio member shall be deemed vacant if- *Vacating Office*

(a) he has resigned in writing under his hand addressed to the chairman of the Ward Health Management Committee,

(b) he has without a valid excuse absented himself from three consecutive meetings of the Ward Health Management Committee,

(c) the Local Government Council Chairman directs in writing the termination of a member's appointment or that of the Chairman where

he determines that the member's activities are detrimental to the function and objectives of the Ward Health Management Committee,

(d) he is adjudged under any law in force in any part of the Federation to be a lunatic or otherwise declared to be of unsound mind,

(e) he is under a sentence of death imposed by a court of law or tribunal in Nigeria or a sentence of imprisonment for an offence involving dishonesty or fraud(by whatever name called) imposed on him by a Court of competent jurisdiction for any other sentence imposed on him by that court,

(f) he has been found guilty of a contravention of the code of conduct Bureau and Tribunal law,

(g) he is an undischarged bankrupt, having been adjudged or otherwise declared bankrupt under the law of any part of the Federation,

(h) he is a member of a secret society, or

(i) he has been indicted for embezzlement or fraud by a judicial commission of inquiry or a tribunal under the Commission of inquiry law or any other Federal, State or Local Government Law.

(2) Where in respect of any person who being adjudged a lunatic, declared to be of unsound mind, sentenced to death or imprisonment or adjudged or declared a bankrupt and an appeal against any decision is pending in a court in accordance with any law in force in Nigeria, subsection (1) shall not apply during the period beginning from the date the appeal is lodged and ending on the date it is finally determined or, as the case may be the appeal is abandoned or lapses, whichever is earlier.

38. (1) A Ward Health Management Committee shall meet at least once every month.

Proceedings

(2) The chairman shall preside over all meetings of the Ward Health Management Committee.

(3) In the event that the chairman is absent or otherwise unable to preside over a meeting of a Ward Health Management Committee, the members present shall designate a member to preside over the meeting.

(4) Subject to Section 10 of this Law, a Ward Health Management Committee may determine its own rules or standing Orders to regulate its meetings and procedures.

- (5) A Ward Health Committee shall make decisions on the basis of consensus, or by a simple majority of members present.
- (6) The business of a Ward Health Management Committee shall be conducted in English, Ison or any other relevant language.
- (7) A Ward Health Management Committee may consult with or hear representations on the delivery of primary health care services generally and the Ward Minimum Health Care Package specifically and matters within the Ward from any person, body or authority.

39. The quorum of a Ward Health Management Committee shall be one-third of its members, excluding the chairman.

Quorum

40. A decision of the Ward Health Management Committee shall be determined by a simple majority of members present and the chairman or other person presiding over the meeting shall have casting vote where there is a tie.

Voting and Casting Vote

41. The proceedings of Ward Health Management Committee meeting shall not be invalidated by reason of a vacancy among its members or by any defect in the nomination, appointment or qualification of a member.

Vacancy

42. (1) If a member of a Ward Health Management Committee has any pecuniary interest, direct or indirect, on account of a contract or a proposed contract or any other matter being considered by the Ward Health Management Committee, he shall, at a meeting of the Ward Health Management Committee at which the contract or matter is being considered.

Disability of Members for Voting on Account of Interest

- (a) disclose his interest
- (b) abstain from taking part in the consideration or discussion of or vote on any question with respect to such contract or other matters; and
- (c) withdraw from the meeting during such consideration or discussion if so directed by the person presiding over the meeting.

(2) For the purpose of this section, a person shall be treated as having direct or indirect pecuniary interest in a contract or other matter related matters if-

- (a) He or any of his nominees, is a member of the company or other body with which a contract is made or proposed or which has a direct pecuniary interest

in the contract or other matter under consideration;
and

(b) He is a partner or in the employment or proposed employment of a person with whom a contract is made or is proposed or who has a direct pecuniary interest in the contract or other related matters under consideration.

(3) If a Ward Health Management Committee member fails to comply with subsection (1), he shall be:

(a) Prohibited by removal, by the Authority as a member of the Ward Health Management Committee; or

(b) Prohibited from serving on the Ward Health Management Committee for two years; and/or

(c) Subject to the breach of any criminal Law, be subject to prosecution.

43. (1) Ward Health Management Committee members, including but not limited to the part – time chairman and not inclusive of ex-officio members shall be entitled to allowances for the equivalent category as specified in any State policy or guidelines for Local Government or in the alternative by the Local Government Council Chairman.

Allowances

(2) An ex-officio Ward Health Management Committee member shall be paid sitting allowance for attending Ward Health Management Committee meetings and /or such other travel or duty tour allowance as the Board may approve from time to time; or obtained in the public service of the State.

44. The Ward Health Management Committee shall-

Functions

a) mobilize communities to participate in health related activities;

b) ensure that the Ward Minimum Health Care Package is being delivered at all levels within the ward,

c) report key decisions from health facility management meetings to community members;

d) liaise between health facilities within the ward and the local community to address the needs and any complaints or grievance of individual community members;

e) ensure that the patients' charter is visibly displayed in each health facility within the ward and it is implemented to the satisfaction of health facility users;

- f) report changes in the health status of individuals, families and communities to health facilities;
- g) assist, as the need arises, with the delivery of public health programmes within the ward; and
- h) act in all matters related thereto or assigned by the Local Government Primary Health Care Authority.

**PART X
HEALTH FACILITY MANAGEMENT TEAMS**

45. The Board shall establish health facility management teams at the Local Government and Ward levels where necessary.

Establishment

46. The Health Facility Management Teams shall have and exercise powers, functions and duties delegated to them by the Board.

Powers, Functions and Duties

**PART XI
PRIMARY HEALTH CARE FUND ACCOUNT**

47. (1) The Board shall maintain a special account to be known as the Primary Health Care Fund account, into which shall be paid all revenue allocated to it for health care services.

Primary Health Care Fund Account

(2) The revenue of the Board shall consist of all sums as are lawfully in its possession from the following sources:

- a)**
 - i. A take-off grant by the State Government,
 - ii. Budgetary allocation by the House of Assembly for the capital and recurrent expenditures of the Board,
- b)** health allocation for primary health care generally and the Ward Minimum Health Care Package specifically from the state Government,
- c)** statutory allocations for primary health care generally and the Ward Minimum Health Care Package specifically to the Local Government Councils,
- d)** all allocation as may from time to time be granted by the federal, state and local governments for primary health care generally and the Ward Minimum Health Care Package specifically in the State,
- e)** statutory allocations or grants in aid of primary health care services generally and the Ward Minimum Health

Care Package specifically out of general revenue of the federal government, state or local government,

- f)** monies payable for primary health care service generally and the Ward Minimum Health Care Package specifically and related matters to the Board under the provisions of the law or any other law or enactment,
- g)** donations for primary health care generally and the Ward Minimum Health Care Package specifically and contributions from development partners,
- h)** philanthropic donations for primary health care generally and the Ward Minimum Health Care Package specifically and related matters,
- i)** fees for primary health care generally and the Ward Minimum Health Care Package specifically charged pursuant to the provisions of this Law,
- j)** such revenue as it may derive from its investments, and
- k)** such other monies as may be lawfully derived from any other source not herein specifically mentioned.

(3) Any statutory contribution from the State and local government to the Board for primary health care generally and the Ward Minimum Health Care Package specifically shall be in accordance with the provisions of applicable financial guidelines.

48. (1) All funds contemplated in this section shall be transferred to the Board's account under an annual plan approved by the commissioner of Health and received for primary health care services generally and the Ward Minimum Health Care Package specifically.

*Disbursement
Formula*

(2) The Board shall, based on approved annual plans transfer funds from its account to Local Government Primary Health Care Authority account for the provision of primary health care generally and the ward minimum Health Care Package specifically.

49. (1) Revenue provided for primary health care generally and the Ward Minimum Health Care Package specifically under this law shall be equitably distributed to the Local Government Primary Health Care Authorities.

*Application of
Revenue*

(2) Any revenue accruing to a Local Government Primary Health Care Authority shall be paid into the account established in terms of this law

and shall be used solely for the delivery of primary health care generally and the Ward Minimum Health Care Package specifically within the Health Administrative Area.

50. (1) The Board may incur expenditure necessary for, and incidental to the carrying out of the functions conferred on it by or under this law, or any other law. *Expenditure*

(2) The Board's special capital expenditures shall be expended from all funds made available to the Board.

(3) Without prejudice to the generality of subsection (1), the Board may

a) Incur expenditure subject to such restrictions and conditions as the commissioner of Health may specify, pursuant to the annual plan approved in accordance with the provisions of this law for the delivery of primary health care service generally and the Ward Minimum Health Care Package specifically, and

b) Discharge any liability in respect of which expenditure may be incurred pursuant to the annual plan approved in accordance with the provisions of this law.

(4) All liabilities failing to be discharged by the Board or a Local Government Primary Health Care Authority shall be met from the general revenue and funds of the Board or relevant Local Government Primary Health Care Authority, as may be applicable.

51. (1) The Board may, on the prior recommendation of the commissioner of health and prior approval of the Governor, raise loans within Nigeria in such amounts from such sources upon such conditions and for such purposes in fulfilment of its lawful functions. *Power to Borrow*

(2) A loan may be secured with the property and the revenue of the Board or relevant Local Government Primary Health Care Authority.

52. The financial year of the Board shall be the same as that of the State. *Financial Year*

53. (1) The Board and all Local Government Primary Health Care Authority shall keep proper accounts and other records in relation thereto in accordance with Board's financial management and accounting systems and such instructions as may be issued under section 54. *Accounts*

(2) The Board shall immediately after the end of each financial year cause their accounts for that year to be brought to balance and a balance sheet prepared with respect thereto, together with a statement or abstract of such accounts.

54. The commissioner of health and commissioner of finance may issue written instructions known as "financial memoranda" not inconsistent with any of the provisions of this law, for the better control and management of the financial business of the Board for the management of financial procedures, and such instruction shall be complied with by the Board.

*Financial
Memoranda*

PART XII GENERAL FINANCIAL PROVISIONS

55. The commissioner of health shall in each year require the Board to prepare and submit a blueprint with a detailed estimate of its revenue and expenditure for the next ensuing financial year to the ministry of health.

*Annual
Estimate*

PART XIII AUDIT

56. (1) Accounts kept by the Board, Local Government Primary Health Care Authorities, Health Facility Management Teams and Ward Health Management Committees shall, in accordance with the requirements of this Law and any other law, be subject to audit by the Auditor-General of the State.

*Accounts to
be Audited*

(2) The Board and all Local Government Primary Health Care Authorities, Health Facility Management Teams and Ward Health Management Committee accounts shall be audited at such intervals as the Auditor-General may direct.

(3) The Board, Local Government Primary Health Care Authorities, Health Facility Management Teams and Ward Health Management Committees shall:

- a) Make their accounts, vouchers and other documents relating thereto available at all times for inspection and audit by the Auditor-General; and
- b) Prepare and submit to the Auditor-General statements of abstracts containing such particular and relating to such periods as the commissioner of health may specify.

PART XIV

TRANSITIONAL PROVISIONS

57. (1) The Governor shall:

- a) As provided for in section 1(1) undertake all necessary arrangements for the establishment of the Board within six months from the commencement of this law,
- b) Concurrently with the establishment of the Board as contemplated in clause (a), commence restructuring of the ministry of health to ensure that the ministry and Board do not duplicate functions or services, and
- c) Provide all necessary support to the Board for the effective performance of the Board.

*Transitional
Period*

(2) The Governor shall constitute the Board within six months of this law coming into effect.

58. (1) All critical health care staff of the ministry of health, ministry of Local Government and local government council, within the Health Administrative Area shall be on secondment or transfer of service to the Board.

*Assignment
of Staff*

(2) The Board shall:

- a) Collaborate with the commissioner of health and commissioner for local government to assess staffing requirements, in terms of recognized staffing norms, for the Health Administrative Areas and determine the required human resources to deliver Primary health care services and the Ward Minimum Health Care Package specifically,

(3) Notwithstanding subsection (1), of this section, health staff assigned to the Board shall remain public service employees with no reduction in status or remuneration and shall be enumerated by the Board.

59. (1) All public health facilities, buildings, requirements, medical supplies, vehicles, and other items as well as liabilities held by the ministry of health, ministry of local governments and local government councils for the provision of primary health care services, shall from the commencement of this Law be vested in the Board.

*Transfer of
Assets*

(2) The Board shall collaborate with the commissioner of health, commissioner of local government and local government councils to amalgamate and transfer the ownership, right of occupancy as applicable and possession of health facilities, equipment, vehicles and medical supplies to the Board.

(3) The Board shall be responsible for the ownership, control and management of public health facilities, buildings, equipment, medical supplies, vehicles and other items vested in the Board under subsection (1) of this section;

(4) The Board shall determine the equitable distribution and assignment of health facilities, equipment, vehicles and medical supplies to the relevant Local Government Primary Health Care Authority.

(5) Notwithstanding subsection (1), the local government council or the State, as may be applicable, shall retain ownership of the land on and in which a public health facility operates.

PART XV MISCELLANEOUS

60. The Board Chairman and members shall not assume the duties of office until such time as they have, in their individual capacities, declared their assets and liabilities as prescribed in the code of conduct Bureau and Tribunal law and subscribed to the oath of office.

Oath of Office

61. The Governor may from time to time issue specific administrative and policy guidelines and directives to the Board and the Board shall give effect thereto.

Governors' Directive

62. Notwithstanding the provision of any other law in force where a Board, body or organisation is providing services which are vested in the Board under this law, that Board, body or organization shall from the commencement of this law cease to provide those services and where a Board, Body or organization is providing such service pursuant to the provision of any enactment, the enabling enactment is hereby repealed.

Cessation of Service

63. In this Law:

“ALGON” means the Association of Local Governments of Nigeria.

Interpretation

“Ex Officio” means a person who serves on the board by virtue of the office he/she holds and includes his/her designee; where Ex-officio I means the immediate past chairman of the Board and Ex- officio II means the immediate past Executive Secretary of the Board;

“Federal tertiary hospital” means a tertiary hospital:

- a) Administered by the Federal Government

- b) Receiving health users from and providing specialist support
- c) To a secondary hospital; and
- d) Requiring the expertise of clinicians working as subspecialists

“General Hospital” means a secondary health facility providing primary and secondary health care services;

“Governor” means the Governor of the State

“Health Administrative Area” means an administrative area demarcated as contemplated in section 33(2) and 34 (1)

“Health Facility” means a facility at which health care services are provided;

“Health Facility Management Team” means a Health Facility Management team established under section 43;

“Health Management Information System” means the system developed by the board to collect, collate and analyse health data for planning and decision making pursuant to standards established by the Federal and State governments;

“High Court” means the High Court of the State;

“Hospital Management Board” means a board established under the Bayelsa State Hospital Management Board Law;

“Local Government Council” means a Local Government Council in the State;

“Medical Supplies” means any item or product, including medical consumables, pharmaceutical products, vaccines and biomedical products, required to provide health care services;

“Ministry of Health” means the State Ministry of Health;

“Ministry of Local Government” means the State Ministry of Local Government;

“Patients Charter” means the patient charters adopted by the Board;

“Primary Health Care Fund Account” means the fund established in terms of section 47(1), to allocated funds to the Board for Primary health care service;

“Primary Health Care Services” means accessible and comprehensive health services as prescribed in State laws and regulations, including but not limited to the Ward Minimum Health Care Package and;

- a) Maternal and child health
- b) Immunization
- c) Nutrition
- d) Health promotion
- e) Disease control
- f) Medical care
- g) Provision of essential drugs; and
- h) Related interventions;

“Referral system” means the system developed to specific levels of care to be provided at health facilities and referral mechanisms to health facilities for the provision of specified health services;

“Secondary Health Care Services” means secondary health services provided at a secondary hospital and tertiary hospital as prescribed in federal and state laws and regulations;

“Secondary Hospital” means a secondary or other hospital that provides primary and secondary health care services; and

“Secondary Health Facilities” shall have a corresponding meaning;

“State” means Bayelsa State of Nigeria;

“Tertiary Health Services” means tertiary health services provided by the Federal Government;

“Tertiary Hospital” means a tertiary or other specialist hospital that provides secondary and tertiary health care services; and

“Tertiary Health Facility” shall have a corresponding meaning;

“Ward Health Management Committee” means a Ward Health Committee, established in terms of section 34;

“Ward Minimum Health Care Package” means

- a) Control of communicable diseases, including but not limited to malaria, tuberculosis, sexually transmitted infections, human immune deficiency virus infection and acquired immune deficiency syndrome;
- b) Safe motherhood
- c) Child survival
- d) Nutrition
- e) Non-communicable disease prevention
- f) Health education and community mobilization; and
- g) Related interventions encompassing medical supplies and support services, including but not limited to, human resources and infrastructure, required to address health and health related problems resulting in substantial low-cost health gains, and

“Minimum Package of Primary Health Care Services” has a corresponding meaning

“Local Government Primary Health Care Authority” means the Local Government Council Primary Health Care Authority, established in terms of Section 23.

64. This Law may be cited as the **Primary Health Care Development Board Law, 2018** *Short Title and Commencement*

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

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MR. AARON NICODEMUS TIMIYE
Clerk of the House

Assented the day of, 2018

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HON. HENRY SERIAKE DICKSON
Governor of Bayelsa State