

**EKITI STATE PRIMARY HEALTH CARE  
DEVELOPMENT AGENCY LAW, 2012**

**NO. 1 OF 2012**

**EKITI STATE OF NIGERIA**

# **EKITI STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY LAW**

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**A LAW TO ESTABLISH THE EKITI STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY AND  
OTHER MATTERS CONNECTED THEREWITH.**

**( No. 1 of 2012 ) Commencement**

Ekiti State of Nigeria

**ENACTED by the House of Assembly, Ekiti State of Nigeria as follows:-**

**PART I**

**PRELIMINARY**

**1. Short Title**

The Law may be cited as the Ekiti State Primary Health Care Development Agency Law

**2. Interpretation**

(1) In this Law, unless the context otherwise requires:

**“Agency”** means the Ekiti State Primary Health Care Development Agency

**“Board”** means the Management Board of the Ekiti State Primary Health Care Development Agency established under section 5 of this Law;

**“Chairman”** means the Chairman of the Board;

**“Commissioner”** means Commissioner for Health

**“Board Secretary”** means the Board Secretary of the Agency appointed under section 12 of this Law;

**“Governor”** means the Governor of Ekiti State of Nigeria

**“Local Government”** means the Local Government Area in the State

**“Authority”** means Local Government Health Authority

**“Member”** means a member of the Board;

**“State”** means Ekiti State of Nigeria

(2) The under listed acronyms are used in this Law:

**“BCC/IEC”** means Behavioural Communication Change/ Information Education Communication

**“CDS”** means Central Drug Store

**“DRF”** means Drug Revolving Fund;

“**TBL**” means Tuberculosis and Leprosy

“**IMCI**” means Integrated Management of Childhood illness;

“**LGA**” means Local Government Area;

“**LGHA**” means Local Government Health Authority;

“**MDG**” means Millennium Development Goals;

“**NHIS**” means National Health Insurance Scheme;

“**PSN**” means Pharmaceutical Society of Nigeria;

“**SMOH**” means State Ministry of Health;

“**SPHCDA**” means State Primary Health Care Development Agency;

“**UDRF**” means Unified Drug Revolving Fund;

“**UNFPA**” means United Nations Family Planning Agency;

“**UNICEF**” means United Nations Children’s Fund;

“**USAID**” means United State Agency for International development;

“**VPD**” means Vaccine Preventable diseases

“**WHO**” means World Health Organization;

“**NMA**” means Nigeria Medical Association;

“**NANNM**” means National Association of Nigeria Nurses and Midwives;

“**MHWUN**” means Medical and Health Workers Union of Nigeria;

## **PART II**

### **ESTABLISHMENT, POWERS AND FUNCTIONS OF THE AGENCY**

#### **3. Establishment of the Agency**

- (1) There is hereby established in the state a body to be known as the Ekiti State Primary Health care Development Agency (in this law referred to as the Agency) which shall be a body corporate with perpetual succession and immovable property.
- (2) The Agency may sue and be sued in its corporate name and may acquire, hold and dispose of movable and immovable property.

#### **4. Powers and Functions of the Agency**

The Agency shall:

- (1) ensure coordination of planning, budgetary provision and monitoring of all primary health care services in the State.
- (2) Advise the Commissioner for Health and Local Government Health Authorities in the State on any matter regarding Primary Health Care Services in the State;

- (3) recruit, promote, post, transfer, train and discipline staff without prejudice to the power of the Board to appoint any officer by way of transfer or secondment from any public services of the state.
- (4) pay salaries and allowances to all Primary Health Care staff;
- (5) disburse funds provided to it by the National Primary Health Care Development Agency and other sources;
- (6) undertake capital projects with the approval of appropriate authority;
- (7) ensure that annual reports are rendered by Primary Health Care Facilities in the Local Government health Authorities;
- (8) ensure annual auditing of accounts of Primary Health Care facilities in the Local Government Authorities;
- (9) consider applications for, and issue Certificate of Needs and Standards to appropriate Primary Health Care institution in its area of jurisdiction;
- (10) provide effective Primary Health Care services to the people of the State.
- (11) promote and monitor the implementation of Health plans at various levels of the State primary Health care Services.
- (12) ensure effective community participation in all Primary Health Care activities from planning to implementation stage;
- (13) ensure Health promotion and communication;
- (14) develop sound database for effective planning, implementation and supervision of all Primary Health Care activities in the State;
- (15) ensure the Promotion of Reproductive Health Services;
- (16) ensure the provision of essential drugs and consumables for service delivery
- (17) develop effective programme for training and re-training of all Primary Health Care providers;
- (18) oversee the running of Comprehensive Health Centers, Basic Health Centers, Primary Health Clinics and such other Primary Health Care Facilities in the State as may be determined by the Governor;
- (19) encourage collaboration with other sectors at all levels in the development and support of Primary Health Care Systems;
- (20) strengthen referrals and linkages with other branches or levels of the health sector especially in the areas of maternal and child health, reproductive health and other ailments with a view of reducing morbidity and mortality;
- (21) mobilize resources for the development and support of Primary Health Care Activities;
- (22) oversee the implementation of Primary Health Care programmes/initiatives and the periodic review and evaluation of the implementation status of the programmes of the Agency;

- (23.) harmonize all the primary and Public Health Care activities and effective functioning of Primary Health Care in the State;
- (24.) promote an effective Public Private Partnership to increase access to quality Primary Health Care Services;
- (25.) institutionalize data reporting system to Primary Health Care by private sector operators of health care delivery;
- (26.) encourage, regulate and incorporate traditional and alternative health practices into Primary Health Care Services in the State;
- (27.) have the coordinating and over-riding responsibility for directing the implementation of all Primary Health Care components, and for guiding stakeholders and development partners on State priorities on Primary Health Care from time to time;
- (28.) serve as a review body for all petitions from the staff in respect of appointments, promotions and discipline;
- (29.) transfer, effect posting and exercise disciplinary control (including but not limited to dismissal, termination and warning) of staff and in accordance with the Civil Service Rules and Regulations.
- (30.) perform such functions as may be assigned to it by the Governor or any other recognized authority, especially "Ekiti State House of Assembly"

### **PART III**

#### **THE MANAGEMENT BOARD**

##### **5. Establishment of the Governing Board**

There is hereby established for the Agency, a board to be known as the Ekiti State Primary Health Care Development Governing Board (in this Law referred to as "the Board").

##### **6. Composition of the Governing Board**

The Governing Board shall consist of the following members

- (a) A full-time Chairman and two part-time members;
- (b) The Chairman and two members shall be person of proven integrity, coupled with adequate experience and outstanding ability in different recognized Health professions;
- (c). The Board Secretary who shall be the Secretary to the Board (shall not be below the rank of a Permanent Secretary);

(d) A Representative of the:

- i. Association of Local Government Chairmen of Nigeria (ALGON), Ekiti State Chapter;
- ii. Ministry of Health;
- iii. Provost, College of Health Science and Technology;
- iv. Principal, School of Midwifery;
- v. Ministry of Women Affairs;
- vi. Ministry of Finance and Economic Development;
- vii. Ministry of Local Government and Chieftaincy Affairs;
- viii. Local Government Service Commission;
- ix. State Hospitals Management Board;
- x. Ministry of Information and Civic Orientation;
- xi. Bureau of Rural Development;
- xii. Private Health Care Providers in the State (a nominee);
- xiii. National Primary Health Care Development Agency South West Zonal Office;
- xiv. Central Medical Stores-UDRF, Ekiti State;
- xv. Donors or Development Partners in the State (a nominee); and
- xvi. Tertiary Health Institutions in the State (a nominee);
- xvii. A representative of NMA, NANNM, MHWUN, PSN, ASLTON & MLT

(3) The members specified in paragraphs, (d) shall serve as” *ex-officio* members”

#### **7. Appointment and Remuneration:**

(1). The Chairman and other members who are not *ex-officio* shall be appointed by the Governor with each member chosen from each of the senatorial districts but LGA other than that of the Chairman.

(2). The Chairman shall be a person of proven integrity, coupled with experience and outstanding ability in Health Administration and profession or Health Education.

(3). The Chairman and other members of the Board, other than *ex officio* members, shall be paid such

remunerations and allowances in accordance with scales approved from time to time by the Governor and such shall be contained in their letters of appointment.

## **8. Tenure and Vacation of Office of the Chairman and Members of the Board**

- (1) The Chairman and other members of the Board (not being ex officio members) shall hold office for a period of four years and shall be eligible for re-appointment for a further period of four years and on such terms and conditions as the Governor may determine.
- (2) In the event of the death or incapacity of the Chairman of the Board, or if for any reason other than effluxion of time, the office of the Chairman is vacant; the Governor shall appoint another person as Chairman for the residue of the term of the Chairman of the Board.
- (3) The office of a member of the Board shall become vacant:
  - (a) in the event of the death or permanent incapacity of the member or
  - (b) if the member resigns by notice in writing given to the Governor through the Agency; or
  - (c) the period of his appointment has expired or
  - (d) a resolution is passed by the Board declaring:-
    - (i) That a member has become unfit for membership of the Board, by reason of the fact that the member has become incapable of discharging his duties, by reason of mental or bodily infirmity; or
    - (ii) That he has been absent from three consecutive meetings of the Board without leave of the Board; or
    - (iii) That member has been convicted of a criminal offence or that which involves moral turpitude.
- (4) Soon after the office of a member becomes vacant, the authority by which he was appointed shall appoint another person in his place in accordance with the provisions of this Law.
- (5) The supplementary provisions in the schedule to this law shall have effect with respect to the constitution and proceedings of the Board and other matters therein mentioned.

## **9. FUNCTIONS OF THE BOARD**

- (1) The Board shall:
  - (a) make decisions for the Agency.
  - (b) advise generally on Primary Health Care in the State
  - (c) coordinate, regulate and monitor the implementation of the activities of the Agency;
  - (d) regulate the discharge of functions of the Agency under this Law and as may be assigned to the Agency by the Governor and



- (e) carry out such other functions as are necessary and expedient.

**10. Powers of the Board.**

The Board shall have power to

- (a) formulate, initiate and provide the general programmes of the Agency;
- (b) manage and superintend the affairs of the Agency;
- (c) subject to the provisions of this Law, make, alter and revoke rules and regulations for carrying on the functions of the Agency;
- (d) make recommendations when necessary on any important issue;
- (e) purchase machinery, equipment, etc. for the effectiveness of the Agency;
- (f) inspect projects for the purpose of carrying out its function under this Law; and
- (g) do such other things as are necessary and expedient in the performance of its functions under the Law.

**11. Establishment, Membership and functions of Inter-Agency Technical Committee**

- (1) There shall be for the Agency, an Inter-Agency Technical Committee
- (2) The Committee shall consist of the Board Secretary of State Primary Health Care Development Agency as the Chairman and the following other members:
  - a. A representative of UNICEF
  - b. A representative of WHO
  - c. A representative of UNFPA;
  - d. A representative of USAID;
  - e. A Director of Public Health/Medical Services of State Ministry of Health;
  - f. A representative of National Primary Health Care Development Agency;
  - g. A representative of Min. of Local Government Affairs;
  - h. A representative of CDS;
  - i. A representative of NHIS;
  - j. A representative of Health MDG;
  - k. A Director of SPHCDA;
  - l. A representative of Private Health Care Providers;
  - m. A representative of Traditional Alternative Health Practitioners and
  - n. The Director of Administration who shall serve as the Secretary
- (3) Technical partners, NGO's are not limited to the one listed above.
- (4) The Committee shall:

- (a) provide effective collaboration with other relevant stakeholders towards providing effective Primary Health Care delivery in the State.
- (b) organize, initiate and sponsor programmes for effective manpower development and creation of awareness to the general public.
- (c) monitor and supervise the day-to-day activities of the Agency especially as it relates to the activities sponsored by the donor agencies.

## **PART IV**

### **ADMINISTRATIVE ORGAN OF THE AGENCY**

#### **12. The Secretary to the Board**

- (1) There shall be appointed for the Board a Board Secretary, who is experienced in Primary Health Care or Health Management and shall be the Chief Executive and Accounting Officer of the Agency.
- (2) Subject to the provision of this section, the Board Secretary shall be appointed, by the Governor from the Public Service of the State.
- (3) Subject to the provision of this section, the Board Secretary shall be the Accounting Officer in addition to any other function conferred on him/her by this Law, have the general function of directing and coordinating the day-to-day activities of the Agency.

#### **13. Functions of the Secretary to the Board**

The Secretary shall be:

- (1) (a) the Accounting Officer of the Agency;
- (b) responsible for the execution of the policies of the Agency as formulated by the Board;
- (c) responsible for the day to day administration and coordination of all activities of the Agency, including assuming primary responsibility for organizing and coordinating the workflow, overseeing and managing the work programmes of the Agency and staff and ensuring quality and timeliness of plans, reports and other products.
- (2) Subject to the direction of the Board, the Secretary shall:
  - (a) coordinate, plan and identify PHC policies;
  - (b) facilitate the engagement of all tiers of Government and the Private Health Sector on issues of PHC;
  - (c) provide leadership in the formulation of policies and guidelines on PHC;
  - (d) establish mechanisms to support research into PHC in the state and country;
  - (e) mobilize resources (local, national and foreign ) and coordinate its equitable application for PHC;
  - (f) develop its own capacity and facilitates the development of other stakeholders' capacity.;
  - (g) monitor and evaluate all PHC activities;

- (a) ensure that the Agency is managed to the highest and most transparent financial standards;
- (b) inspire and motivate the personnel of the Agency to work as a team in order to achieve the objectives of the Agency;
- (c) ensure the general direction and control of all other employees of the Agency.

**14. Internal Audit Unit and its functions**

- (1) There is established an Internal Audit Unit for the Agency;
- (2) The Unit shall:
  - (a) ensure adherence to government and management policies, rules and regulations in the management of operations, resources and records;
  - (b) constantly review the internal control systems in the organization to ensure that it is efficient;
  - (c) ensure compliance with regulations in funds utilization at SPHCDA and LGHA;
  - (d) design and operate the Internal Audit Programme for the Agency ensuring implementation according to plan;
  - (e) vary stock and assets
  - (f) prepare and submit audit reports to the Management
  - (g) carry out routine review of records, projects, activities of Departments and Zonal Offices.

**15. SERVICOM UNIT:**

- (1) There is established a Servicom Unit for the Agency to ensure quality service delivery
- (2) The Servicom Unit shall:
  - (a) create awareness amongst staff and all service receivers;
  - (b) establish standards and guidelines
  - (c) monitor adherence to the standards and guidelines
  - (d) evaluate adherence to standards/guidelines

**16. Departments, Directors and other Staff**

- (1) The Agency shall have the following Departments which shall be headed by a Director who will be assisted by a Deputy Director and Programme Officers:
  - a. Department of Finance and Administration
  - b. Community Health Services **OR** PHC Health System Development
  - c. Department of Health, Planning, Research & Statistics
  - d. Department of Integrated Monitoring and Supervision.

## 17. Functions of the Departments

(1). **Department of Finance and Administration:** The Department shall:

- (a) provide financial and general administrative support;
- (b) Prepare and manage the Agency's operational budget;
- (c) pay for goods and services;
- (d) provide financial and management reports on the activities of the Agency;
- (e) provide consolidated analysis of sources of funds inflow and outflow on PHC activities;
- (f) provide transport and other logistics;
- (g) attend to maintenance of the Agency premises;
- (i) provide secretarial services for Management and Board meetings;
- (k) formulate and implement the Agency's human resources development plan;
- (l) promote PHC manpower development;
- (m) provide support for the training, and utilization of all Public Health Human Resources;

(2) **Department of Community Health Services or PHC (Health) System Development:**

The Department shall:

- (a) mobilize resources for the development of the PHC systems;
- (b) develop, review and undertake advocacy, social mobilization/BCC policies and interventions;
- (c) coordinate PHC stakeholders statewide, nationally and internationally;
- (d) develop and oversee an integrated PHC financing strategy;
- (e) promote community based financing of PHC activities;
- (f) develop and implement BCC/IEC and health promotions and social mobilization strategies and materials (IMCI, TBL, DRF, Safe Water, Nutrition, IPDs, minor ailments)

- (g) publish and distribute PHC news reports, Bulletin and other information materials from the Agency and communicate with PHC stakeholders and the public and manage public relations for the Agency;
- (h) develop operational guidelines, protocols, training manuals and other relevant tools for effective implementation of PHC immunization and other systems including feedback
- (i) develop systems that promote the role of women in PHC;
- (j) harmonize and coordinate partner Agencies' plans and activities at all levels of the health systems;
- (k) liaise with other departments of the agency in the planning and implementation of all activities;
- (l) support low performing LGA facilities in the implementation of accelerated strategies;
- (m) coordinate Vaccines Supply Chain System and ensure vaccine security and logistics in collaboration with SMOH and other relevant development Partner Agencies.
- (n) Ensure the availability of the logistics for the provision of routine immunization
- (o) Design and facilitate supplemental immunization activities including other child survival interventions;
- (p) Plan, implement and supervise agency participation in outbreak response activities;
- (q) Monitor surveillance and reporting of Vaccine Preventable Diseases (VPDs) in close cooperation with SMOH;
- (r) Design coordinate and supervise family planning services at PHC level and
- (s) Monitor performance coverage (completeness, timelessness, documentation) from State/LGA offices returns and coverage surveys.

**(3) Department of Health, Planning, Research & Statistics.** The Department shall:

- (a) develop PHC implementation strategies and plans (in accordance with National and State policy and standards) and monitor and evaluate implementation in the field;
- (b) develop integrated PHC implementation strategies for LGA, Ward and facilities level (IMCI, EDL, DRF, Safe water, Nutrition, VPDs, minor ailments);

- (c) harmonize and coordinate stakeholders PHC plans and activities;
- (d) foster technical collaboration on the development of PHC systems and services;
- (e) promote health systems research focused on PHC;
- (f) collate, analyze and disseminate validated health data to all stakeholders for decision making; and
- (g) work with the Monitoring and Evaluation Unit to disseminate validated health data to all stakeholders and set up feedback mechanism.

**(4) Department of Integrated Monitoring and Supervision:** The Department shall:

- (a) develop effective monitoring tool that is SMART for the Agency
- (b) set clearly the process that would be involved in the Monitoring and Supportive Supervision;
- (c) build capacity of all departments to understand the tool and how to use the tool as an integrated monitoring tool.;
- (d) plan for the Supportive Evaluation & Monitoring Visits;
- (e) collaborate with Department of Health, Planning, Research & Statistics to collate, analyze, disseminate validated health data to all stakeholders for decision making;
- (f) establish and organize the Feedback Mechanism that would lead to improved qualitative service deliveries, immunization coverage and prevent service failure.

**(5) All Departments of the agency shall work together to produce the PHC bulletin Reports**

**PART V**

**18. ESTABLISHMENT OF PRIMARY HEALTH CARE ZONES**

- (1) There is established for the Agency one Zonal Office in each of the Senatorial Districts in the State for effective discharge of its functions as follows:
  - (a) Zone "A" with Headquarters at Ado Ekiti comprising Ado, Irepodun/Ifelodun, Ekiti West, Ijero, and Efon Local Government Areas.
  - (b) Zonal "B" with Headquarters at Ikole Ekiti comprising Ikole, Oye, Moba, Ilejemeje and Ido/Osi Local Government Areas.
  - (c) Zone "C" with Headquarters at Ikere Ekiti , comprising of Ikere, Ise/Orun, Emure Ekiti South West, Gbonyin and Ekiti East Local Government Areas.

- (2) The Primary Health Care Zonal Headquarters shall serve as the Zonal office for Meetings.

**19. Establishment , Membership and functions of the Zonal Primary Health Care Management Committee**

- (1) There is established for the Agency the Zonal Primary Health Care Management Committee.
- (2) The Zonal Primary Health Care Management Committee shall consist of the following Members:
  - (a) The Board member at the SPHCDA from each Senatorial District shall be the Chairman of the Zonal Primary Health Care Management Committee;
  - (b) The most senior Director of PHC who is the Secretary of Local Government Health Authority (LGHA) from each LGA in the Senatorial District;
  - (c) One Medical Director in the General /Specialist Hospital/other Health Professional in each LGA within the Zone;
- (3) The Zonal Primary Health Care Development Management Committee shall:
  - (a) coordinate the supportive supervision of the Agency's programme in the Senatorial Zones;
  - (b) and coordinate the Local Government Primary Health Care Authorities and Health Technical Staff in the LGAs in the District;

**20. Establishment and Tenure of Members of Local Government Health Authority (LGHA)**

- (1) There is established for each Local Government Area of the State a Local Government Health Authority;
- (2) The State Primary Health Care Development Agency shall supervise the Local Government Health Authority.
- (3) The Local Government Health Authority shall consist of the following:
  - (a) A part-time Chairman who shall be a retired, qualified and experienced public health manager;
  - (b) One representative of the Traditional Rulers' Council;
  - (c) One representative of women in the Local Government Area;
  - (d) Nominee of the Department of Health;

(e). The Head of the Department of Health of the Local Government Area who shall be the Secretary of the Authority;

(f). Two representatives of Religious Organizations;

(g). One representative of the Private Health Care providers in the Local Government Area; and

(h). One female representative of Local Government Area of Community Department;

(4). The Chairman of the Local Government Area shall on the recommendations of the Board of the Primary Health Care Development Agency and in accordance with National & State Guidelines appoint members of the Local Government Health Authority; and

(5). The Chairman and other members of the Authority (not being an ex-officio member) shall hold office for a period of three years and shall be eligible for re-appointment for a further period of three years and on such terms and conditions as the governor may determine.

## **21. Powers and functions of the Local Government Health Authority (LGHA)**

The Local Government Health Authority shall:

(1).ensure coordination of planning, budgetary provision and monitoring of all Primary Health Care services within the Local Government Health Area.

(2). advise the Ward Development Health Committees and Facility Health Committees on any matter regarding Primary Health Care services in the Local Government Health Area;

(3). prepare salaries and allowances to all Primary Health Care staff within Local Government Health Area;

(4). receive funds provided to Local Government Health Area by the State Primary Health Care Development Agency and other sources;

(5). supervise capital projects within the Local Government Health Area;

(6). ensure that annual reports are rendered by Primary Health Care facilities with the Local Government Health Authorities;

(7). ensure annual auditing of accounts of Primary Health Care facilities within the Local Government Health Area;

(8). consider applications for and issuing of Certificate of Needs and Standards to appropriate primary Health Care institution within Local Government Health Area;

(9). provide effective Primary Health Care services to the people of the Local Government Area;

(10). promote and monitor the implementation of health plans at the Local Government Health Area;



- (11) ensure effective community participation in all Primary Health Care activities from planning to evaluation stage within Local Government Health Area;
- (12) ensure Health promotion and communication within Local Government Health Area;
- (13) participate in the development of sound database for effective planning, implementation, supervision and evaluation of all Primary Health Care activities within Local Government Health Area;
- (14) ensure the promotion of reproductive health services within the Local Government Health Area;
- (15) ensure the Provision of essential drugs and consumables for service delivery within Local Government Health Area;
- (16) develop effective programme for training and retraining of all Primary Health Care providers within Local Government Health Area;
- (17) oversee the running of Comprehensive Health Centers, Basic Health Centers, Primary Health Clinics, Health Post and such other Primary Health Care facilities within Local Government Health Area as may be determined by the Governor;
- (18) encourage collaboration with other sectors at all levels in the development and support of Primary Health Care systems within Local Government Health Area;
- (19) strengthen referrals and linkages with other branches or levels of the health sector especially in the areas of maternal and child health, reproductive health and other ailments with a view of reducing morbidity and mortality within Local Government Health Area;
- (20) mobilize resources for the development and support of Primary Health Care activities;
- (21) oversee the implementation of Primary Health Care programmes/initiatives and the periodic review and evaluation of the implementation status of the programmes within Local Government Health Care Area; in the State;
- (22) harmonize all the primary and public health care activities and effective functioning of Primary Health Care Area;
- (23) promote an effective public/private partnership to increase access to quality Primary Health Care services within Local Government Health Area;
- (24) institutionalize data reporting system on Primary Health Care activities within Local Government Health Area and disseminate same to relevant Agencies;
- (25) encourage, regulate and incorporate traditional and alternative health practices into Primary Health Care services within Local Government Health Area;
- (26) coordinate the responsibility for directing the implementation of all Primary Health Care components within Local Government Health Area;
- (27) serve as a review body for all petitions from Grade Levels 01-06 staff in respect of appointments, promotions and discipline;

(28) transfer, effect postings and exercise disciplinary control (including but not limited to dismissals, terminations and warnings) of Grade Level 01 – 06 staff of PHC Health Facilities within the Local Government Health Area; and

(29) perform such other functions as may be assigned to it by the State Primary Health Care Development Agency or any other recognized authority within Local Government Health Area.

## **22. Establishment of Ward Health Committees**

(1) There shall be established for each Ward in every Local Government Area, a “Ward Health Committee’ which shall be responsible for the coordination of planning, budgeting, provision and monitoring of all Primary Health Care services that affect residents of the Ward and other matters incidental thereto.

(2) Membership of the Committee shall be determined by the Local Government Chairman on the advice of the Supervisory Councilor for Health in the Local Government Area in accordance with National Guidelines.

## **23. Establishment of Facility Health Committees**

(1) The Local Government Health Authority shall establish Primary Health Care facility;

(2) Each of the Primary Health Care facilities shall have a Facility Health Committee

(3) A Facility Health Committee shall consist of seven members appointed in accordance with the National Guidelines;

(a) A Community leader representing the community;

(b) Woman Leader;

(c) Youth Leader;

(d) Two Religious leaders (Christian/Muslim);

(e) A Representative of the Kabiyesis;

(f) Officer-in-Charge of facility; and

(g) Assistant Officer-in-Charge of facility.

(4) A facility Health Committee shall among other functions:-

i mobilize the community for health action;

ii identify available resources within the community and allocate appropriately for health development;

iii plan for the health and welfare of the community and forward the plans to the health facility level;

iv. supervise the implementation of approved health plans;

- v. establish a village outreach services; to cover communities in the ward that have no health facilities and
- vi. monitor and evaluate the impact of the services on the health status of the community.

**24. Secretary to the Local Government Health Authority**

- (1) There shall be a Secretary who is experienced in Primary Health Care and Health Management.
- (2) Subject to the provisions of this section, the Secretary shall be the most senior Director of PHC or Head of the Health Team in the LGA.
- (3) Subject to this section, the Secretary shall be the Accounting Officer of the LGHA and in addition to any other function conferred on him by this Law, have general function of directing and coordinating the day-to-day activities of the LGHA.
- (4) The Secretary shall be:
  - (a) the Accounting Officer of the LGHA;
  - (b) responsible for the execution of the policies of the LGHA, State and National as directed by the Agency.
  - (c) responsible for the day to day administration and coordination of all PHC activities in the LGHA, including assuming primary responsibility for organizing and coordinating the workflow, overseeing and managing the work programmes of the LGHA staff and ensuring quality and timeliness of plans, reports and other products.
  - (d) Subject to the direction of the Board, he shall ensure that the LGHA:
    - (i) coordinate, plan and identify State PHC policies within Local Government Health Area;
    - (ii) participate in the formulation of policies and guidelines on PHC in the State;
    - (iii) participate in research activities into PHC within Local Government Health Area;
    - (iv) adequately monitor, supervise, evaluate, support and sanction on all PHC activities within the LGHA;
    - (v) ensure that the LGHA is managed to the highest and most transparent financial standards;
    - (vi) inspire and motivate the personnel ;of the LGHA to work as a team in order to achieve the objectives of the Agency;
    - (vii) ensure day to day administration of the LGHA
    - (viii) ensure the general direction and control of all other employees of the LGHA

## PART VI

### 25. **Appointment and Discipline of Staff of the Agency.**

(1.) The Agency shall be staffed by such civil service personnel as are required for the efficient functioning of the Agency to include all Health professionals.

(2) The discipline of staff of the Agency shall be in accordance with the rules governing the State Civil Service.

(3) Staff working with Non-Governmental Organization may be assigned to the Agency to assist in the performance of some of the functions of the Agency.

(4) Staff referred to in (3) of this section shall not by virtue of their assignment to the Agency be deemed to be officers of the civil service.

### 26. **Power of the Commissioner to give directions**

The Commissioner may give to the Agency directions of a general character or relating generally to particular matters (but not any individual person or case), with regard to the exercise by the agency of its functions under this Law; and

(2) Where the Commissioner has given directions, it shall be the duty of the Agency to comply with the directions, but no direction shall be given which is inconsistent with the duties of the Agency under this Law.

## PART VII

### FINANCIAL PROVISION

### 27. **Funds**

(1) There is hereby established for the Agency a Fund to be known as the State Primary Health Care Development Fund (in this Law referred to as "the Fund").

(2) The Fund shall be financed from:

(a) the State share of the National Primary Health Care Development Fund;

(b) Grants by donor partners; and

(c) Funds from any other source.

(3) Money from the State share of the National Primary Health Care Development Fund shall be disbursed according to the National Guidelines:-

(4) The Agency shall not disburse money to any of :

(a) Local Government Health Authority if it is not satisfied that the money earlier disbursed was applied in accordance with the provisions of this Law; and

(b) Local Government that fails to contribute its counterpart funding.

(5) The Agency shall develop appropriate guidelines for the administration, disbursement and monitoring of the fund;

**28. Sourcing for fund and other payments**

- (1) The Agency shall have the power to source and raise funds for all health programmes that are available to the State and Local Governments
- (2) The Agency shall be jointly funded to discharge its oversight functions by the State and the Local Government on a ratio of 40% to 60% respectively.
- (3) The State and Local Governments shall be responsible for the payment of the salaries and allowances of the staff of the Agency.
- (4) The Agency shall have the right and power to source for funds from Non-Governmental Organizations and other Donor Agencies.

**29. Power to accept gifts**

- (1) The Agency may accept gifts of land, money or other properties upon such terms and conditions, if any, as may be specified by the person or organization making the gift.
- (2) The Agency shall not accept any gift if the conditions attached by the person making the gift are inconsistent with the functions of the Agency under this Law, or the rules and regulations of the Civil Service, or the National guidelines for Donation of items.

**30. Annual Estimates, Accounts and Audit**

- (1) The Board shall cause to be prepared and submitted to the Governor and other stakeholders not later than 31<sup>st</sup> July in each year an estimate of the expenditure and revenue of the Agency during the next succeeding financial year.
- (2) The Agency shall cause to be kept proper accounts and proper records in relation thereto and when certified by the Board, such accounts shall be audited by a competitively appointed external auditor in conjunction with the State Auditor-General.

**31. Annual Report:**

The Board shall prepare and submit to the Governor through the Special Adviser/Commissioner, not later than 30<sup>th</sup> June in each year, a report on the activities of the Agency during the immediate preceding year and shall include in such report a copy of the audited accounts of the Agency for that year and of the auditor's report thereon.

**32. Non-Applications of Local Government Laws.**

The provisions of the Local Government Service Commission Law, Local Government Administration Law and the Joint Account and Allocation Committee Law shall from the commencement of this Law cease to apply to the Agency.

## SCHEDULE

### (Section 8 (5))

#### Supplementary provisions relating to the Board and its proceedings

1. Subject to the provision of this Law and Section 27 of the Interpretation Law which provides for the decisions of a statutory body to be taken by a majority of the members, of the body and for the person presiding to have second or casting vote, the Board may make standing orders regulating the proceedings of the Board or any committee thereof.
2. The quorum of the Board shall be five, which shall include the Chairman and at least one other member who is not an **ex-officio** member; and the Board shall determine the quorum of any committee of the Board.
3.
  - (1) Subject to the provisions of any standing orders of the Board, the Board shall meet wherever it is summoned by the Chairman and if the Chairman is required so to do by notice given to him by not less than five other members, he shall summon a meeting of the Board to be held within fourteen days of the date of the receipt by him of the notice.
  - (2) At any meeting of the Board, the Chairman of the Board shall preside and if the Chairman is absent the members present shall elect one of their member to preside at the meeting.
  - (3) Where the Board desires to obtain the advice of any person on any particular matter, the Board 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 and shall not count towards a quorum.

#### Committees of the Board

4.
  - (1) The Board may appoint one or more committees to carry out on behalf of the Board such of its functions as the Board may determine, but a decision of a committee shall be of no effect until it is confirmed by the Board.
  - (2) Without prejudice to the generality of sub-paragraph (1) of this paragraph, the Board shall appoint the following committees that is -
  - (3) The Appointment and Promotion Committee, which shall -
    - (i) consist of not less than five members, including the Board Secretary, who shall  
be the Chairman of the Committee:

- (ii) be changed with the responsibility for making recommendations to the Board on the appointment and promotion of the administrative and technical staff of the Board and have a quorum of three members;
- (iii) the Junior Staff Appointment and Promotion Committee.

### **Employees of the Agency**

5. Subject to this Law, the Board shall have power -
- (a) to pay the employees of the Board such remuneration and allowances as the Board may with the approval of the Governor determine;
  - (b) to pay any person appointed to a committee of the Board such remunerations (whether by way of fees or otherwise), in respect of the performance of his functions under this Law and such traveling and subsistence allowances while on the business of the Board, as the Board may determine;
  - (c) to establish for the employees of the Board such superannuation scheme (whether contributory or not), as the Board may determine; and
  - (d) to give loans to its employees for purpose approved by the Board.

### **Miscellaneous**

6. (1) The fixing of the seal of the Agency shall be authenticated by the signature of the Chairman or of some other member, authorized generally or specially by the Board for that purpose.
- (2) Any contract or instrument which is made or executed by a person not being body corporate would not be required to be under seal, may be made or executed on behalf of the Agency by any person generally or specially authorized to act for that purpose by the Board or a committee of the Board.
- (3) Any document purporting to be a document duly executed under the seal of the Board shall be received in evidence and shall, unless the contrary is proved, be presumed to be so executed.
7. The validity of any proceedings of the Board or a committee, or by any defect in the appointment of a member of the Board or any other person on the committee.

8. Any member, and any person holding office on a committee of the Board who has a personal interest in any contract or arrangement entered into or proposed to be considered by the Board, shall forthwith disclosed his interest to the Board and shall not vote on any question relating to the contract or arrangement.