

THE SENATE  
FEDERAL REPUBLIC OF NIGERIA  
NATIONAL ASSEMBLY

COMMITTEE ON PRIMARY HEALTHCARE AND  
COMMUNICABLE DISEASES

*REPORT ON*

A BILL FOR AN ACT TO PROVIDE FOR THE  
ESTABLISHMENT OF FEDERAL CAPITAL TERRITORY  
PRIMARY HEALTH CARE BOARD AND FOR OTHER  
RELATED MATTERS, 2019 (SB. 669)

*APRIL 2019*

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1.0 Report of the Committee on Primary Healthcare and Communicable Diseases on a Bill for an Act to provide for the Establishment of Federal Capital Territory Primary Health Care Board and for other related matters, 2019. (SB. 669)

## 2.0 Introduction

The Senate of the Federal Republic of Nigeria, at its sitting on Thursday, 13<sup>th</sup> December, 2018, read Federal Capital Territory Primary Health Care Board (Establishment, etc.) Bill, 2018 (SB.669), the Second Time and referred same to the Committee on Primary Healthcare and Communicable Diseases for further legislative action.

## 3.0 Committee Membership

Members of the Committee are:

(i)	Senator Mao Oluabunwa	-	Chairman
(ii)	Senator Nelson Efiang	-	Vice Chairman
(iii)	Senator Robert A. Boroffice	-	Member
(iv)	Senator Kabiru Marafa	-	Member
(v)	Senator Joshua Lidani	-	Member
(vi)	Senator Samuel Anyanwu	-	Member
(vii)	Senator Olarenwaju Tejuoso	-	Member

## 4.0 Objectives of the Bill

The Bill seeks to ensure the development and effective operations of Primary Health care structure and services in Federal Capital Territory (FCT). The Bill is equally desirous of ensuring equitable distribution of and access to Primary Health Care facilities by residents of FCT.

## 5.0 Methodology

The Committee adopted such legislative framework as Public Hearing and consulted widely with relevant Stakeholders.

## **6.0 Pubic Hearing**

The Committee conducted Public Hearing on Friday, 25<sup>th</sup> January, 2019 to allow for Public participation in the law-making process in line with the Legislative Agenda of the 8<sup>th</sup> Senate – Stakeholders in the Health sector and interested general Public who attended the Public Hearing were supportive of the establishment of the Federal Capital Territory Primary Health Care Board.

## **7.0 Opening/ Proceedings of the Public Hearing**

The President of the Senate, Senator (Dr.) Abubakar Bukola Saraki, CON, who was represented by Distinguished Senator Tanimu Aduda, declared the Public Hearing open. In his keynote address, he submitted that Primary Health Care Under One Roof (PHCUOR) represents a deliberate policy objective of the government aimed at bringing into harmony multiple health administrations and fragmentation in various Ministries, Departments and Agencies, which had led to significant challenges/impediments to the delivery of high quality, efficient and equitable health services in the Country. He explained that, as part of the National Health Act and the fifty fourth National Council on Health (NCH) resolution number 29 of the year 2011, it was agreed that there was the need to establish, by law, Primary Health Care Board Agency in the 36 States and the Federal Capital Territory (FCT) that will be administratively autonomous and self-accounting; thus ensuring that the Primary Health Care Board/Agency provides a single administrative framework and Managerial Processes for Primary Health Care in the States and FCT, thereby bringing health care to the grassroots. He stated that the FCTPHCB Bill, has the mandate to control and prevent diseases, improve access to basic health services and improve quality of health care in the FCT and provide support for the implementation of the National Health Policy and mobilize resources for strengthening Primary Health Care.

He explained further that, presently in the FCT, the Primary Health Care Services are under the Area Councils, Area Council Services Commission and FCT Health and Human Services Secretariat. He therefore urged that there was the need to harmonize the Primary Health Care under one administrative body as contained in the National Health Act and NCH resolution.

Mr. President, Distinguished colleagues, I wish to state that the Public Hearing was well attended. Stakeholders and members of the Public who appeared and made contributions supported the passage of the Bill with no dissenting views.

## **8.0 Legislative Summary**

Mr. President, Distinguished Colleagues, the legislative summary of the proposed Bill which represents the changes proposed by the Committee is as follows:

### **Clause 3**

Clause 3 deals with composition of the Governing Board. The clause was amended in 3(a) of the draft Bill by deleting the words. “and proven integrity from the Public or Private Sector” and redrafted the paragraph as set out in the attached table.

Clause 3 (k) was introduced to indicate “two persons with relevant experience residents of FCT” while the provision of the Bill “at least two of the members of Board should be female” was deleted.

### **Clause 5**

Clause 5 deals with Functions and Powers of Governing Board. The clause was renumbered as the words in sub-clause (b) “appointments, promotion and discipline” were deleted and introduced a new sub-clause (c).

### **Clause 12**

Clause 12 which deals with Remuneration of the Executive Secretary of the Board was amended to reflect that his salary and allowances shall be paid as determined by the Salaries and Wages Commission NOT by the Minister.

### **Clause 17**

The Committee introduced sub-clause (vii) to create the Department of Legal Services.

## **9.0 OBSERVATIONS/FINDINGS**

From the submissions made by stakeholders and the general public on the Bill and analysis of same, we hereby make the following observation/findings

- (i) That the Bill received overwhelming support of stakeholders and the general public;
- (ii) That the passage of the Bill will promote equitable and improved access to Primary Health care needs of the resident of the Federal Capital Territory;

- (iii) That the Bill will bring into harmony fragmented Health Agencies in the FCT into one effective administrative framework that will efficiently serve the needs of the FCT residents; and


#### **10.0 RECOMMENDATIONS**

Premised on the presentations made by stakeholders at the Public Hearing and the above observation/findings of the Committee on the proposed legislation, we recommend that the Senate do consider and pass the Bill for an Act to provide for the Establishment of the Federal Capital Territory Primary Health Care Board and for related matters, 2019.

#### **I SO MOVE**

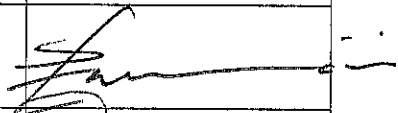
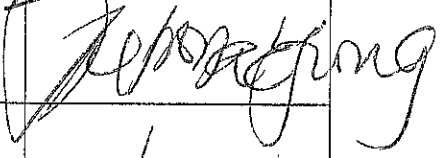
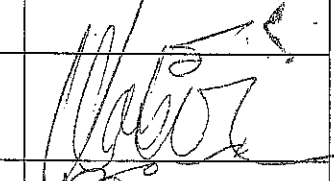
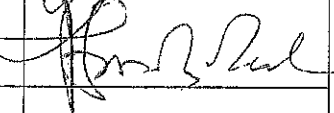
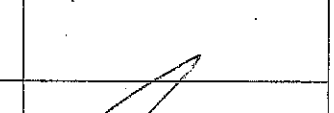
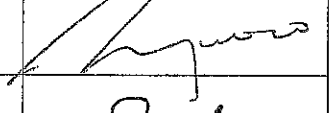
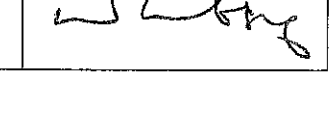

#### **11.0 CONCLUSION:**

On behalf of the Committee on Primary Health Care and Communicable Diseases, I sincerely thank the President of the Senate and my Distinguished colleagues for the opportunity to serve in this regard.



**Senator Mao Ohuabumwa**  
Chairman

## SIGNATURE PAGE

S/N	NAME	DESIGNATION	SIGNATURE
1	Senator Mao Ohuabunwa	Chairman	
2	Senator Nelson Efiong	Vice Chairman	
3	Senator Robert A. Boroffice	Member	
4	Senator Kabiru Marafa	Member	
5	Senator Joshua Lidani	Member	
6	Senator Samuel Anyanwu	Member	
7	Senator Olarenwaju Tejuoso	Member	
	Siyaka Abdulwahab Sadiq	Clerk	

**REPORT OF THE COMMITTEE ON PRIMARY HEALTH CARE AND COMMUNICABLE DISEASES ON A BILL FOR AN ACT TO PROVIDE FOR THE ESTABLISHMENT OF THE FEDERAL CAPITAL TERRITORY PRIMARY HEALTH CARE BOARD AND FOR RELATED MATTERS, 2019**

BE IT ENACTED by the National Assembly of the Federal Republic of Nigeria as follows:

<i>Clause</i>	<i>Provision of the Bill</i>	<i>Committee's Recommendation</i>	<i>Remarks</i>
	<b>PART I – ESTABLISHMENT OF THE FCT PRIMARY HEALTH CARE BOARD</b>		
1.	(1) There is hereby established for the FCT a body to be known as FCT Primary Health Care Board.  (2) The Board-  (a) Shall be a body corporate with perpetual succession and a common seal with power to sue and be sued in its corporate name;  (b) may acquire, hold or dispose of any moveable or immoveable property; and  (c) shall seek to achieve the objectives set out in section 2 and perform the functions listed in section 5 of this Bill.	Retained	
2.	<b>The objectives of the Board:</b> (a) To ensure the development and operations of Primary Health Care structure and services in FCT;  (b) To ensure equitable distribution of Primary Health Care facilities and effective access to services within the FCT;  (c) To work with other relevant bodies to facilitate the implementation of the Health Insurance scheme in the FCT.	Retained	
3.	<b>Composition of the Governing Board</b> (1) The Governing Board shall consist of: (a) a part-time Chairman, who shall be an accomplished Nigerian of good character and proven integrity from the public or private sector;	Retained  (a) a part-time Chairman, who shall be an accomplished Nigerian of good character and proven integrity with cognate experience in the health sector, <del>from the</del> public or private sector;	



4.	<p>(b) a representative of Federal Capital Development Authority not below the rank of a Director;</p> <p>(c) one representative of FCTA Area Council Services Secretariat;</p> <p>(d) the Chairman of Association of Local Government of Nigeria, FCT Chapter;</p> <p>(e) the Director of FCT Treasury;</p> <p>(f) the General Manager, FCT Hospitals Management Board;</p> <p>(g) the Executive Secretary, FCT Health Insurance Scheme;</p> <p>(h) the Chairman of Nigerian Medical Association, FCT Branch;</p> <p>(i) the Chairman of Joint Health Sector Union, FCT Branch; and</p> <p>(j) the Executive Secretary of the Board who shall serve as the Secretary.</p> <p>At least two of the members of the Board should be female.</p> <p>(2) The Chairman and all members of the Governing Board shall, on the recommendation of the Secretary HHS, FCTA be appointed by the Minister.</p>	<p>(c) one representative of FCTA Area Council Services Secretariat <b>not below the rank of a Director;</b></p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p><i>Insert a new subsection 3(1)(k):</i>  “(k) two persons with relevant experience resident in Federal Capital Territory (FCT).”</p> <p>Deleted</p> <p>Retained</p>	
	<p><b>Tenure of Office and Cessation of Membership of the Governing Board</b></p> <p>(1) Subject to the provisions of this Bill, the Chairman and members of the Governing Board, other than an ex-officio member, shall hold office for a term of</p>	Retained	

<p>four years in the first instance and may be reappointed for a further term of four years and no more.</p> <p>(2) The office of a member of the Governing Board shall become vacant if-</p> <ul style="list-style-type: none"> <li>(a) he resigns his appointment by notice in writing to the Minister;</li> <li>(b) he dies;</li> <li>(c) the period of his appointment expires;</li> <li>(d) is convicted of an offence involving fraud by a court of competent jurisdiction;</li> <li>(e) he is adjudged or declared bankrupt;</li> <li>(f) he is sentenced to death or imprisoned;</li> <li>(g) he is a member of a secret society; and</li> <li>(h) the Governing Board passes a resolution declaring that-</li> <li>(i) he has become incapable by reasons of mental or bodily infirmity or unable to discharge his duties,</li> <li>(ii) he has become unfit for membership of the Board by reason of the fact that he has interest in contract entered into by the Board and has not disclosed that fact, or</li> <li>(iii) he has become unfit for membership by reason of having contravened the provisions of this Bill or any regulations made generally for the carrying into effect the purpose of this Bill.</li> </ul>		
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	(2) Where a vacancy occurs in the membership of the governing board, it shall be filled by the appointment of a successor to represent the same interest as and for the unexpired term of the member concerned.		
	PART II – FUNCTIONS AND POWERS OF THE FCT PHCB GOVERNING BOARD	Retained	
5.	<p><b>Functions and Powers of the Governing Board</b></p> <p>(1) The Governing Board shall:</p> <p>(a) Provide guidance and oversight for the provision and efficient running of Primary Health Care systems for all residents of the FCT;</p> <p>(b) Approve all appointments, Promotion and Discipline, Annual Work plans, Budgets, Programs, Capital Expenditures and Projects, any other major undertaking, that may be necessary to enhance the function of the Board;</p> <p>(c) Mobilize funds necessary for the provision of effective and efficient PHC services;</p>	<p>Retained</p> <p>Retained</p> <p>Retained</p> <p>(b) Approve all <del>appointments, Promotion and Discipline,</del> Annual Work plans, Budgets, Programs, Capital Expenditures and Projects, any other major undertaking, that may be necessary to enhance the function of the Board;</p> <p><i>Insert a new subsection 5(1)(c):</i>  “(c) approve budget for submission to the Health and Human Services Secretariat to be included in FCTA Budget estimate proposals to the National Assembly.”</p> <p>Retained</p>	

	(d) Undertake Capital Projects as needed to improve Primary Health Care services in the FCT; and (e) Perform such functions as assigned to it by the Minister of the FCT.  (2) The Governing Board shall not be involved in the day-to-day running of the Board.	Deleted	
6.	<b>Proceedings of Governing Board</b> The supplementary provisions contained in the Schedule to this Bill shall have effect with respect to the proceedings of the Governing Board and other matters mentioned in those provisions.	Retained	
7.	<b>Protecting of Members of Governing Board</b> No member of the Board may be personally liable for any act or omission, provided that such act or omission occurred in the course of discharge of his/her official duties and was done in good faith.	Protection of Members of Governing Board Retained	
	PART III – ADMINISTRATIVE STRUCTURE AND COORDINATION	Retained	
8.	<b>Appointment of the Executive Secretary</b> There shall be appointed by the Minister, an Executive Secretary for the Board upon recommendation by the Honorable Secretary of Health and Human Services Secretariat of FCTA, upon the conclusion of internal competitive screening process.	Retained	
9.	<b>Qualifications of the Executive Secretary</b> The Executive Secretary shall be a Health professional, not below the rank of a Director or its equivalent, and of good character and proven integrity, with	Retained	

	additional qualification in public health and cognate experience of not less than fifteen years, five of which must be in Primary Health Care in the FCT.		
10.	<b>Responsibility, Tenure and Remuneration</b> The Executive Secretary shall: (i) be the Chief Executive and Accounting Officer of the Board; (ii) be responsible for the day-to-day administration of the Board; and (iii) ensure the implementation of the decisions of the Governing Board.	<b>Responsibility, Tenure and Remuneration</b> Retained Retained Retained	
11.	<b>Tenure</b> The Executive Secretary shall hold office for a period of four years and shall be eligible for reappointment for a final term of four years.	Retained	
12.	<b>Remuneration</b> The Executive Secretary shall be paid such salary and allowances as may be determined by the Minister.	(a) the Executive Secretary shall be paid such salary and allowances as may be determined by the <del>Minister</del> Salaries, Incomes and Wages Commission;	
13.	<b>Vacancy</b> The Minister may declare the office of the Executive Secretary vacant if: (a) the Executive Secretary resigns his appointment by notice in writing under his hand to the Minister; or	Retained	

	<p>(b) the Minister is satisfied that the Executive Secretary-</p> <p>(i) has been convicted of an offence involving fraud or dishonesty,</p> <p>(ii) is incapacitated by physical or mental illness from performing his functions,</p> <p>(iii) has become bankrupt or made arrangements with his creditors, or</p> <p>(iv) has such financial or other interest in the operations of the Board, which is likely to prejudicially affect the discharge of his functions.</p>		
14.	<p><b>Management Team</b></p> <p>The Management team shall be comprised of the Executive Secretary and such number of Directors as may be appointed in accordance with the operational guideline.</p>	<p><b>Management Team</b></p> <p>The Management team shall be comprised of the Executive Secretary and such number of Directors as may be appointed in accordance with the operational guideline as approved by the Minister.</p>	
15.	<p><b>Meeting of Management Team</b></p> <p>The Board Management Team shall meet weekly and shall, through the Executive Secretary prepare, present and submit Quarterly Progress Report to the Governing Board during the latter's Quarterly Review Meeting.</p>	<p><b>Meeting of Management Team</b></p> <p>The <del>Board</del> Management Team shall meet weekly and shall, through the Executive Secretary prepare, present and submit Quarterly Progress Report to the Governing Board during the latter's Quarterly Review Meeting.</p>	
16.	<p><b>Roles of the Management Team</b></p> <p>The Board shall:</p>	<p>Retained</p> <p>Retained</p>	

<p>(a) take responsibility for the day-to-day running of the PHCB as outlined in the structures of the Departments that make up the Board;</p> <p>(b) be responsible for the development and implementation of all aspects of PHC human resources and services within the FCT in line with the principles of Primary Health Care under One Roof (PHCUOR);</p> <p>(c) take into cognizance the Primary Health Care operational guideline in the execution of its mandate;</p> <p>(d) be responsible for planning and implementation of Primary Health Care services and programs in the FCT;</p> <p>(e) ensure budgetary provision, monitoring and evaluation of all Primary Health Care services in the FCT;</p> <p>(f) advise the Minister of the FCT and Area Councils Health Authorities in the FCT on any matter regarding Primary Health Care Services in the FCT;</p> <p>(g) ensure the development and establishment of policies with respect to the implementation of Primary Health Care Services and programs in the FCT;</p>	<p>Retained</p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p>Retained</p> <p>(f) advise the Minister of the FCT and <b>guide</b> Area Councils Health Authorities in the FCT on any matter regarding Primary Health Care Services in the FCT;</p> <p>Retained</p>	
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	(v) Department of Essential Drugs System, Equipment and Logistics (DEDESEL); (vi) Department of Planning, Research and Statistics (DPRS).  PROVIDED that changes in departmental structures may be recommended by the management to the Governing board for approval.	Retained Retained Insert a new Subsection 17(vii): “(vii) Department of Legal Services” Retained	
18.	<b>Establishment of THE Inter-Agency Technical Committee</b>  There shall be established an Inter-Agency Technical Committee that will provide technical advice to the Board. The composition and function shall be in line with national guidelines.	Retained	
19.	<b>Establishment of the minimum services Package for FCT Primary Health Care</b>  (a) There shall be Established a costed Minimum Services Package (MSP) for FCT primary Health Care Services;  (b) the MSP and guidelines for its implementation shall be published by the Board.	Retained	
20.	<b>Establishment of Area Council Health Authority</b>  There shall be established for each Area Council of FCT an Area Council Health Authority (ACHA). It consists of an advisory committee and a management team both reporting to the Executive Secretary.	Retained	
21.	<b>Members of Area Council Advisory Committee</b>  The ACAC Advisory Committee shall consist of the following: (i) Executive Chairman of the Area Council – who shall be the Chairman;	Retained	

<p>(ii) Area Council Supervisory Councillor for Health;</p> <p>(iii) Directors of other departments in the Area Councils (Works, Agriculture, Finance, Education, Community Development, Personnel, and Environment);</p> <p>(iv) One representative of National Orientation Agency in the Area Council;</p> <p>(v) One representative of Traditional Council;</p> <p>(vi) One representative of Religious Leaders;</p> <p>(vii) Head of one secondary public hospital in the Area Council;</p> <p>(viii) One representative of private health sector;</p> <p>(ix) One representative of women leaders;</p> <p>(x) One representative of health training Institutions where available;</p> <p>(xi) One representative of CSOs/CBOs;*;</p> <p>(xii) Two representatives of Ward Health Committee (WHC) (on rotational basis);</p>		
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	(xii) Director PHC, who shall be the secretary of the Committee.		
22.	<p><b>Roles of Advisory Committee</b></p> <p>The ACHA Advisory Committee shall:</p> <p>(i) primarily advise the Board and the AGHA Management Team;</p> <p>(ii) set the overall vision and mission of the ACHA;</p> <p>(iii) provide strategic direction to ACHA Management team;</p> <p>(iv) mobilize and allocate resources;</p> <p>(v) hold implementers to account for effective and efficient use of resources;</p> <p>(vi) develop effective working relationship with the management team and communities;</p> <p>(viii) receive and deliberate on health reports of AC and advise ACHAMT on decisions to improve health outcomes;</p> <p>(viii) support ACHAMT on implementation of PHC in the AC; and</p> <p>(ix) identify and fund the PHC capital projects.</p>	Retained	
23.	<b>Composition of ACHA Management Team</b>	Retained	

	<p>The ACHA Management Team (ACHAMT) shall be composed of the following:</p> <ul style="list-style-type: none"> <li>(i) Director of PHC;</li> <li>(ii) Two Deputy Directors;</li> <li>(iii) Programme Officer, Planning, Research and M &amp; E</li> <li>(iv) Programme Officer, Disease Control;</li> <li>(v) Programme Officer, Immunization</li> <li>(vi) Programme Officer, Essential Drugs and Logistics;</li> <li>(vii) Programme Officer, Health Promotion;</li> <li>(viii) Programme Officer, Nutrition;</li> <li>(ix) Programme Officer, Reproductive, Maternal &amp; Child Health;</li> <li>(x) Administrative Officer;</li> <li>(xi) Finance and Accounts Officer.</li> </ul>		
24.	<p><b>Appointment and Qualification of Area Council PHC Coordinator</b></p> <p>The PHC department shall be headed by a PHC Coordinator/HOD Health who shall be The Medical Officer of Health (MOH) for the Area Council. A Medical Doctor, who shall not be below Grade Level 16 in the continuous services of the FCT, shall be appointed by the Board to occupy the office. Where there is no Medical Officer on Grade level 16, any Health Officer with a minimum of a University Degree in the Health Profession and not below Grade Level 15, shall be appointed to head the office in Acting capacity.</p>	Retained	
25.	<p><b>Appointment of Deputies</b></p>	Retained	

	The PHC Coordinator/HOD shall be assisted by suitable qualified officers with relevant qualifications designated as Deputies/Program Officers to head relevant units of the Dept.		
26.	<b>Ward Health Committee</b> (1) The implementation of PHC services within the Area Councils shall be based on the principle of the Ward Health Services system. (2) The Ward Health Services in the FCT shall consist of the Ward Health Committee (WHC) at the ward level and the Community Health Committee (CHC) or Village Health Committee (VHC) at the urban (community) and rural (village) levels respectively.		
	PART IV – FINANCE, ANNUAL ACCOUNTS AND AUDIT REPORTS	Retained	
27.	<b>Funding for the Board</b> A basket fund will be provided and maintained for the implementation of the Board's activities and programs. This fund shall comprise of: (i) FCT Annual Statutory Budgetary Allocation for Primary Health Care; (ii) Annual grants of not less than two percent (2%) of FCTA Consolidated Revenue Fund from the FCTA/ACS Joint Account or any other similar account that may be operated from the FCTA/ACS;	Retained	

	(iii) Allocation from the National Basic Health Care Provision fund as provided by the National Basic Health Act; and  (iv) Grants and donation from development partners and philanthropists.		
<b>28.</b>	<b>Proper Record and Statement</b>  The Board shall keep proper record and statements of accounts of all its transactions and shall cause to be prepared a report on or before 45 days after the closure of each financial year.	Retained	
<b>29.</b>	<b>External Audit of Statement of Account</b>  The statement of account referred to in section 28 of this Section shall be verified by the Governing Board and Audited by a firm of Auditors appointed by the Governing Board shall be published in the Annual Report of the Board.	Retained	
	<b>PART V – REGULATIONS AND MISCELLANEOUS PROVISIONS</b>	Retained	
<b>30.</b>	<b>Regulations</b>  The Governing Board may, subject to the approval of the Minister make regulations for the purpose of carrying out its functions.	Retained	
<b>31.</b>	<b>Pension and Gratuity</b>  The staff of the Board shall be subject to the provisions of the Pension Reform Act.	Retained	
<b>32.</b>	<b>Provisions of the Area Council Bye Laws</b>  Provisions of the Area Council Bye-Laws shall not apply in relation to matters provided for by this Act. Accordingly:  (i) Any matter concerning the appointment, promotion, discipline, transfer and retirement of Area Council PHC staff which were being handled by the FCT Area	Retained	

	<p>Council Service Commission (FCT ACSC) before the commencement of this Act when enacted as Law is hereby transferred to the Board; and</p> <p>(ii) Any person who, before the commencement of this Act was appointed by the FCT Area Council Service Commission (FCT ACSC) shall be deemed to have been appointed by the Board pursuant to the provisions of this Act provided such person satisfies the minimum requirements for such appointment.</p>		
33.	<p><b>Power of the Board to enter into Agreements with Private Organisations</b></p> <p>The Board or AC Health Authority (through the Board) may enter into agreement with any Private practitioner, private health establishment or non-governmental organization in order to achieve the objectives of this Act.</p>	Retained	
34.	<p><b>Dissemination of Service Provision Information</b></p> <p>All Area Council Health Authorities and private health establishments shall ensure that appropriate, and comprehensive service provision information is disseminated and displayed at facility level on the health services for which they are responsible, this shall include:</p> <ul style="list-style-type: none"> <li>(i) the types of health services available;</li> <li>(ii) the organization of health services;</li> <li>(iii) Operating schedules and timetables, of visits;</li> <li>(iv) Procedures for laying complaints; and</li> <li>(v) The rights and duties of clients and health care professionals.</li> </ul>	Retained	
35.	<b>Record Keeping</b>	Retained	

	Subject to applicable archiving legislation, the person in charge of a health establishment shall ensure that a health record containing such information as may be prescribed is created and available at the health establishment for every authorized user of health services.		
36.	<b>Primary Health Care Management Information System</b> There shall be established a Primary Health Care Management Information System (PHCMIS) which is a sub-set of the NHMIS to guide strategic planning, management and operational functions of the PHC at all levels.	Retained	
37.	<b>Duties of Area Council</b> Each Area Council, which provides health services shall establish and maintain a health information system, as part of the National Health Information System as specified under section 35(1) of the National Health Act.	Retained	
38.	<b>Duties of Private Health Care Providers</b> All private health care providers shall: (a) Establish and maintain a Health Information System as part of the National Health Information System as specified under section 35(1) of the National Health Act; and (b) Ensure compliance with the provision of section 45 as a condition necessary for the grant or renewal of the Certificate of Standards.	Retained	
39.	<b>Limitation of suits against the Board, etc.</b>	Retained	



	<p>(1) Subject to the provisions of this Act, the provisions of the Public Officers Protection Act shall apply in relation to any suit instituted against any member, officer or employee of the Board.</p> <p>(2) Notwithstanding anything contained in any other law or enactment, no suit against the Executive Secretary, a member of the Governing Board, or any other officer or employee of the Board for any act done in pursuance or execution of this Act or any other law or enactment, or of any public duty or authority or in respect of any alleged neglect or default in the execution of this Act or any other law or enactment, duty or authority, shall lie or be instituted in any court unless it is commenced-</p> <p>(a) within three months next after the act, neglect or default complained of; or</p> <p>(b) in the case of a continuation of damage or injury, within six months next after the ceasing thereof.</p> <p>(3) No suit shall be commenced against the Executive Secretary, a member of the Governing Board, or any other officer or employee of the Board before the expiration of a period of one month after written notice of the intention to commence the suit shall have been served on the Service by the intending plaintiff or his agent.</p>	Retained	
40.	Restriction on Execution against Property of the Service		

	<p>(1) In any action or suit against the Service, no execution or attachment of process in the nature thereof shall be issued against the Service unless not less than three months' notice of the intention to execute or attach has been given to the Service.</p> <p>(2) Any sum of money which by the judgement of any court has been awarded against the Service shall, subject to any direction given by the Court, where no notice of appeal against the judgement has been given, be paid from the fund of the Service.</p>		
41.	<p><b>Indemnity</b></p> <p>The Executive Secretary, a member of the Governing Board, or any officer or employee of the Board shall be indemnified out of the assets of the Board against any liability incurred by him in defending any proceeding, whether civil or criminal, if the proceeding is brought against him in his capacity as Executive Secretary, a member of the Governing Board, officer or other employee of the Board.</p>	Retained	
42.	<p><b>Interpretation</b></p> <p>In this Bill, unless the context otherwise requires:</p> <p>"ACHA" means Area Council Health Authority;</p> <p>"ACSS" means Council Services Secretariat;</p> <p>"ACSC" means Area Council Service Commission;</p> <p>"Area Councils" mean the FCT Area Councils;</p> <p>"BHCPF" means Basic Health Care Provision Fund;</p>	Retained	

<p>"BOARD" means the FCT Primary Health Care Board, established under Section 1 of this Bill;</p> <p>"Chairman" means the Chairman of the Governing Board appointed under Section 3 of this Bill;</p> <p>"Executive Secretary" means the Executive Secretary of the Board appointed under section 8 of this Bill;</p> <p>"FCT" means Federal Capital Territory, Abuja;</p> <p>"FCTA" means the Federal Capital Territory Administration;</p> <p>"Functions" includes powers and duties;</p> <p>"Governing Board" means the Governing Board of the FCT Primary Health Care Board, established under section 3 of this Bill;</p> <p>"HHS" means Health and Human Services Secretariat;</p> <p>"Member" means a Member of the Governing Board, and includes the Chairman;</p> <p>"Minister" means the Minister of the Federal Capital Territory;</p> <p>"MSP" means Minimum Services Package; is an identified essential package of high impact health interventions that addresses the majority of prevailing health problems;</p> <p>"PHCUOR" means Primary Health Care Under One Roof;</p> <p>"PHERMC" means Private Health Establishment Regulatory and Monitoring Committee;</p>		
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	<p>"Private Health Establishment" includes privately owned or privately managed Hospitals, Dental Centers, Nursing Homes, Maternity Homes, Convalescent Homes, Medical Clinics, Medical Laboratory Centers, Physiotherapy Centers, Radio diagnostic Centers, Pharmacies, Patent Medicine Premises, Ophthalmology and Optical Centers that are supervised by qualified and registered practitioners and regulated by statutory bodies;</p> <p>"PHC" means Primary Health Care and refers to essential health care that is based on scientifically sound and socially acceptable methods and technology made universally accessible to all individuals and families in a community, at an affordable cost and is the first level of care.</p>		
43.	<p><b>Short Title</b></p> <p>This Bill may be cited as the FCT Primary Health Care Board Bill, 2019</p>	Retained	
	<p style="text-align: center;">SCHEDULE</p> <p style="text-align: center;">[Section 8]</p> <p style="text-align: center;">SUPPLEMENTARY PROVISIONS RELATING TO THE GOVERNING BOARD, ETC.</p> <p style="text-align: center;">Proceedings of the governing board</p> <p>1.-(1) Subject to this Act and to section 27 of the Interpretation Act (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 a second or casting vote) the Governing Board may make standing orders regulating the proceeding of the Governing Board or a Committee thereof.</p> <p style="text-align: center;">*</p> <p>(2) The quorum of the Governing Board shall be the Chairman and six other members, and the quorum of any Committee of the Governing Board shall be determined by the Governing Board.</p>	Retained	

	<p>2.-(1) The Governing Board shall meet not less than four times in each year and, the Governing Board shall meet whenever it is summoned by the Chairman, and if the chairman is required to do so by notice given to him by not less than three other members, he shall summon a meeting of the Board to be held within fourteen days from the date on which the notice is given.</p> <p>(2) At any meeting of the Governing Board, the Chairman shall preside, but if he is absent, the members present at the meeting shall appoint one of their number to preside at that meeting.</p> <p>(3) Where the Governing Board desires to obtain the advice of any person on a particular matter, the Governing 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 at any meeting of the Governing Board and shall not count towards the quorum.</p> <p>(4) Notwithstanding anything in the foregoing provisions of this paragraph, the first meeting of the Governing Board shall be summoned by the Minister.</p> <p style="text-align: center;">* Committees</p> <p>3.-(i) The Governing Board may appoint one or more Committees to carry out on behalf of the Governing Board such of its functions as the Governing Board may determine.</p>		
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(2) A committee appointed under this paragraph shall consist of such number of persons (not necessarily all members of the Governing Board) as may be determined by the Governing Board and a person other than a member of the Governing Board shall hold office on the Committee in accordance with the terms of his appointment.

(3) A decision of a Committee of the Governing Board shall be of no effect until it is confirmed by the Governing Board.

#### Miscellaneous

4.-(1) The fixing of the seal of the Governing Board shall be authenticated by the signature of the Executive Secretary and of some other member authorized generally or specially to act for that purpose by the Governing Board.

(2) Any contract or instrument which, if made or executed by a person not being a body corporate, would not be required to be under seal may be made or executed on behalf of the Governing Board by the Executive Secretary or any person generally or specially authorized to act for that purpose by the Governing Board.

5. The validity of any proceedings of the Governing Board or of a Committee thereof shall not be affected by any vacancy in the membership of the Governing

	<p>Board or of a Committee, or by reason that a person not entitled to do so took part in the proceedings.</p> <p>6. A member of the Governing Board or of a Committee thereof who has a personal interest in any contract or arrangement entered into or proposed to be considered by the Governing Board or the Committee shall forthwith disclose his interest to the Governing Board or Committee and shall not vote on any question relating to the contract or arrangement.</p>		
	<p style="text-align: center;">EXPLANATORY MEMORANDUM</p> <p>This Bill seeks to provide for the establishment of the Federal Capital Territory Primary Health Care Board.</p>	Retained	