



FEDERAL REPUBLIC OF NIGERIA

JIGAWA STATE

THE GUNDUMA HEALTH SYSTEM LAW - 2007

GUNDUMA HEALTH SYSTEM RULES

SEPTEMBER, 2010



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IN exercise of the powers conferred upon us by section 25 of the Gunduma Health System Law 2007, and all other powers enabling us on that behalf and for the smooth operation of the Gunduma Health System in the State We, the Honourable Commissioners Ministry of Health and Ministry for Local Government, do hereby Make the following Rules

Part I: Title and Application

- Title. 1. These Rules shall be cited as the Gunduma Health System Rules and shall come into effect on the 5th day of December 2010.
- Application. 2. The Gunduma Health System Law Rules shall apply to all persons charged with responsibilities, affiliated in any way with fulfilling the provisions of the Gunduma Health Systems Law, and receiving services from a Gunduma.

Part II: Interpretation

- Interpretation. 3. In these rules –
- “Board” means the Gunduma Health Board established in section 3 of the Law;
- “Commissioners” mean the State Commissioner of Health and the State Commissioner of Local Government;
- “Council” means a Gunduma Governing Council;
- “Councillor” means a member of a Local Government Council and “member” shall have a corresponding meaning where the context so indicates;
- “equipment oversight committee” means the equipment oversight committee established by the Board in terms of rule 16(1)(c);
- “expenditure” means any authorised expenditure for the purpose of carrying out functions under the Law;
- “facility” means any structure from which authorised health services are provided within a Gunduma under the auspices of a Council;
- “Federal Government” means the Federal Government of Nigeria;

“Federal tertiary hospital” means a tertiary hospital:

- (a) administered by the Federal Government;
- (b) receiving health users from and providing sub-specialist support to a secondary hospital; and
- (c) requiring the expertise of clinicians working as sub-specialists;

“fixed asset” means a tangible asset with a life of three or more years, with a value agreed by the Board, or in the case of a written delegation, a Council;

“general hospital” means a health care facility providing the prescribed minimum level of health care and minimum package of health services;

“Governor” means Governor of the State;

“Gunduma” means a health administrative area under this Law;

“Gunduma Director” means the person appointed to this position by the Board;

“Gunduma Financial Management System” means the financial system and standards specified by the Board, with the joint written approval of the Commissioners, for the collection of revenue and expenditure of funds required for the operation and delivery of health services by each Council;

“Gunduma Fund Allocation” means an allocation to a Governing Council in terms of section 61(2) of the Law;

“Gunduma Headquarters” means the main office from which a Gunduma Governing Council provides health service delivery and oversight of all health activities within the boundaries of the Gunduma;

“Gunduma Health Account” means the Gunduma Health Account established in section 61 of the Law;

“Gunduma Technical Team” means the team member identified by the Board and responsible for the delivery of technical health services;

“health education” means education to prevent illness and disease;

“health management information system” means the health management information system established by the Board in terms of rule 47(1);

“health personnel” means health practitioners and health workers;

“health practitioner” means a person registered in terms of applicable legislation to provide health care services;

“health promotion” means the process of enabling a person to develop skills to increase control over and improve his health through advocacy and control, and to take responsibility for his well-being;

“health services” mean:

- (a) health care services contemplated in the Law, including the minimum package of health services;
- (b) hospital services as specified from time to time by the Gunduma Governing Council; and
- (c) additional health services as specified from time to time by the Gunduma Governing Council;

“health technology” means a system, machinery or equipment used in the provision of health services, but does not include pharmaceutical interventions, medicines and related substances;

“health user” means a person who receives health services at a private, public or non-governmental health facility;

“hospital board” means a hospital board established for a general hospital or secondary hospital in terms of rule 88;

“infrastructure oversight committee” means the infrastructure oversight committee established by the Board in terms of rule 11(1)(c);

“Local Government Council” means a Local Government Council established in section 4.(a) of the Local Government Law, 2004, as amended;

“minimum equipment requirements” mean basic equipment standards and requirements established by the Board for all Gunduma facilities;

“minimum package of health services” means the phased implementation of the comprehensive package of State health care services available to all public health users, as defined from time to time by the Commissioners, including but not limited to:

- (a) community-based services;
- (b) all components of primary health care services; and
- (c) secondary health care services;

“minimum pharmaceutical supply and medical consumable requirements” mean the basic pharmaceutical supply and medical consumable standards and requirements established by the Board for all Gunduma facilities;

“minimum physical infrastructural requirements” mean the basic infrastructure standards and requirements established by the Board for all Gunduma facilities;

“minimum vehicle requirements” mean basic vehicle acquisition, maintenance and disposal standards and requirements established by the Board for all Gunduma facilities;

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

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

“performance management agreement” means an agreement entered into by and between the Board and a Council, specifying health services to be delivered by the Council and the terms and conditions on which the Council shall manage and the Board shall oversee health service delivery;

“Permanent Secretary” means the Permanent Secretary, who is appointed by the Governor and responsible for the Gunduma Health System;

“pharmaceutical supply and medical consumable committee” means the pharmaceutical supply and medical consumable committee established by the Board in terms of rule 26(1)(d);

“primary health care services” mean accessible first level health services included as part of the minimum package as prescribed in State laws and rules;

“protocol” means the standard treatment regime for a course of medical treatment as specified by the Board, and includes any protocol amendment;

“quality assurance” means health care delivery standards developed by the Ministry of Health and implemented by the Board through all Councils;

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

“revenue” means all sums lawfully in the possession of the Board or a Council in terms of section 61 of the Law;

“secondary health care services” mean the minimum package of health

services provided at a secondary hospital and federal tertiary hospital as prescribed in Federal and State laws and rules;

“secondary hospital” means a secondary or other hospital that provides secondary health care services for designated groups of health users and “secondary health care facility” shall have a corresponding meaning;

“State” means Jigawa State of Nigeria;

“tertiary health services” mean health services provided by the Federal Government;

“the Law” means the Gunduma Health System Law – 2007; and

“vehicle oversight committee” means the oversight committee established by the Board in terms of rule 21(1)(c).

Part III: General Administration

- Board obligations. 4. (1) The Board shall be responsible for establishing the standards and monitoring and oversight for:
- (a) strategic health planning and implementation of the Law and these rules within the State; and
 - (b) the integration, allocation and disbursement of resources and oversight for the equitable delivery of health services by Councils, Gunduma Directors and Gunduma Technical Teams.
- (2) The Board shall determine and provide the required levels of administrative, financial, general, technical and material support for Councils and ensure their equitable distribution to the Councils.
- (3) The Board, as instructed by the Commissioners, shall coordinate the activities of the Ministry of Health, Ministry for Local Government, Councils, non-governmental and faith-based organisations in the provision of the delivery of the minimum package of health services.
- Council obligations. 5. (1) A Council shall be responsible for the provision of the minimum package of health services within the Gunduma boundaries pursuant to requirements established by the Board in terms of the Law and these rules.
- (2) A Council shall manage and administer all aspects of its Gunduma pursuant to these rules and any Standing Orders.

Part IV: Gunduma Human Resources

Human resources.

6. (1) Human resource planning by the Board and Councils shall be governed by the skills base required to deliver the minimum package of health services.
- (2) The Board shall be responsible for:
 - (a) initially and periodically identifying Gunduma staffing requirements and developing a needs assessment;
 - (b) developing and implementing the Board and Gunduma organisational structures, reflecting the categories of personnel required for the Board and each Gunduma;
 - (c) determining managerial and staffing requirements and the skills base required for each Gunduma, including but not limited to the Gunduma Director and Gunduma Technical Team, and periodically reviewing Gunduma requirements and needs;
 - (d) developing job descriptions and performance monitoring standards for each category of Board and Gunduma personnel;
 - (e) determining compensation and benefits for each category of Board and Council personnel;
 - (f) developing and implementing procedures to process the recruitment, selection, appointment, employment and discipline of Gunduma Directors and management, including but not limited to promoting, taking disciplinary action, hearing appeals and terminating Gunduma personnel;
 - (g) selecting and appointing Gunduma Directors and management in terms of the procedures contemplated in paragraph (f);
 - (h) developing and implementing performance management monitoring appraisal standards and mechanisms;
 - (i) developing and implementing career staff welfare programmes;
 - (j) developing and implementing pre- and in-service personnel training;
 - (k) developing and implementing career development and counseling programmes;

conditions of service and the rights and obligations of Board and Council personnel.

- (2) The Board shall distribute copies of the personnel manual to each Council for distribution to Council personnel.
- (3) Each Council shall distribute the personnel manual to all personnel.
- (4) The Board may amend the personnel manual from time to time and shall timeously distribute any revisions to each Council, which shall be obliged to distribute the revisions to all Council personnel.

Performance monitoring. 9.

- (1) The Board and Council shall be responsible for monitoring and evaluating the performance of their respective personnel.
- (2) The Board and Council shall evaluate staff performance in terms of applicable job descriptions for each category of personnel no less than annually.
- (3) Notwithstanding sub-rules (1) and (2), the Council and Board shall be jointly responsible for monitoring and evaluating the performance of Gunduma Directors.
- (4) All personnel shall be entitled to review and comment on their performance evaluations.
- (5) In the event funds are available, personnel whose performance evaluations reflect significant contributions to the Board or Gunduma, as may be applicable, shall be entitled to a salary increase based on the scale approved by the Board for its personnel and Gunduma personnel.

Personnel transition.

10. (1) The Board shall, within 60 calendar days of these rules coming into effect, determine the mechanisms for the transfer of all State and Local Government Council health care personnel, excluding environmental health personnel, working in the Gunduma to the relevant Councils.
- (2) The Board shall publish the mechanisms contemplated in sub-rule (1) in the Gazette.
- (3) Each Council shall, within 60 calendar days of the Board publishing the requirements for the transfer of all State and Local Government Council personnel, assume the responsibility for such personnel working within the Gunduma.

Part V: Gunduma Physical Infrastructure

- Gunduma physical infrastructure. 11. (1) The Board shall, within 90 calendar days of these rules coming into effect:
- (a) establish the minimum physical infrastructural standards and requirements for the acquisition, construction, renovation and maintenance of all Gunduma facilities;
 - (b) advise the Councils in writing of standards and requirements established in terms of paragraph (a); and
 - (c) establish a infrastructure oversight committee to work with all Gunduma Directors.
- (2) The Board shall, on an annual or other periodic basis:
- (a) revise the standards and requirements established in sub-rule (1)(a); and
 - (b) advise the Councils in writing of any revised standards and requirements established in terms of paragraph (a).
- (3) The Board shall ensure that each Council has the resources approved in terms of its annual business plan to meet minimum infrastructural standards and requirements for all facilities in the Gunduma and resources dedicated to meeting minimum infrastructural standards and requirements are defined.
- Council infrastructure obligations. 12. Each Council, through the Gunduma Director, shall be obliged:
- (a) to specify all facilities in the Gunduma, their current state and any need for rehabilitation or repair of facilities, including a detailed budget;
 - (b) to utilise its available resources to comply with minimum physical infrastructural standards and requirements established by the Board;
 - (c) to maintain all aspects of its physical infrastructure to ensure health service delivery; and
 - (d) to advise the Board in writing where it is unable, for any reason, to comply with minimum physical infrastructural standards and requirements established by the Board.
- Compliance assistance. 13. (1) In the event a Council advises the Board in terms of rule 12(d) that it is unable to comply with minimum physical infrastructural standards and requirements, the Board shall instruct the

infrastructure oversight committee to meet and work with the relevant Council to address the obstacles preventing compliance.

- (2) To the extent possible the Board shall ensure that the infrastructure oversight committee enables the relevant Council to develop effective solutions addressing the lack of compliance with minimum physical infrastructural standards and requirements.
- (3) In the event a Council does not have the capacity or requests the Board to assume responsibilities for specified or general minimum infrastructural standards and requirements, the Council shall remain responsible for all financial obligations incurred on its behalf for the development and maintenance of its infrastructure.

Transfer of ownership. 14. The State and all Local Government Councils shall, within 60 calendar days of these rules coming into effect, transfer the ownership of all immovable and movable property used for health service delivery within a Gunduma to the relevant Council.

Standing Orders. 15. (1) The Commissioners may issue Standing Orders on all aspects related to the acquisition, ownership, maintenance, use and disposal of immovable and immovable property.

(2) The Board and Councils shall abide by all Standing Orders on immovable and immovable property.

Part VI: Equipment

Equipment. 16. (1) The Board shall, within 90 calendar days of these rules coming into effect:

- (a) establish minimum equipment requirements for all Gundumas;
- (b) advise the Councils in writing of minimum equipment requirements established in terms of paragraph (a); and
- (c) establish an equipment oversight committee to work with all Gunduma Directors.

(2) The Board shall, on an annual or other periodic basis:

- (a) revise the standards and requirements established in sub-rule (1)(a); and
- (b) advise the Councils in writing of any revised standards and requirements established in terms of paragraph (a).

- (3) The Board shall ensure that each Council has the resources approved in terms of its annual business plan to meet minimum equipment requirements.
- Council equipment obligations. 17. Each Council, through the Gunduma Director, shall be obliged:
- (a) to submit an accurate list of all equipment available at each facility in the Gunduma, its current state and any need for repair or maintenance, including a detailed budget;
 - (b) to utilise its available resources to comply with minimum equipment requirements established by the Board;
 - (c) to specify and implement an equipment maintenance schedule required to ensure health service delivery; and
 - (d) to advise the Board in writing where it is unable, for any reason, to comply with minimum equipment requirements established by the Board.
- Compliance assistance. 18. (1) In the event a Council advises the Board in terms of rule 17(d) that it is unable to comply with minimum equipment requirements, the Board shall instruct the equipment oversight committee to meet and work with the relevant Council to address the obstacles preventing compliance.
- (2) To the extent possible, the Board shall ensure that the equipment oversight committee enables the relevant Council to develop effective solutions addressing the lack of compliance with minimum equipment requirements.
- (3) In the event a Council does not have the capacity or requests the Board to assume responsibilities for specified or general minimum equipment requirements, the Council shall remain responsible for all financial obligations incurred on its behalf for equipment to be used within the Gunduma.
- Transfer of ownership. 19. The State and all Local Government Councils shall, within 60 calendar days of these rules coming into effect, transfer the ownership of all equipment used for health service delivery within a Gunduma to the relevant Council.
- Standing Orders. 20. (1) The Commissioners may issue Standing Orders on all aspects related to the ownership, acquisition, maintenance, use and disposal of equipment.
- (2) The Board and Councils shall abide by all Standing Orders on equipment.

Part VII: Vehicles

- Vehicle requirements. 21. (1) The Board shall, within 90 calendar days of these rules going into effect:
- (a) establish the minimum standards and requirements for the acquisition, maintenance and disposal of vehicles required by all Gundumas;
 - (b) advise the Councils in writing of standards and requirements established in terms of paragraph (a); and
 - (c) establish a vehicle oversight committee to work with all Gunduma Directors.
- (2) The Board shall, on an annual or other periodic basis:
- (a) revise the standards and requirements established in sub-rule (1)(a); and
 - (b) advise the Councils in writing of any revised standards and requirements established in terms of paragraph (a).
- (3) The Board shall ensure that each Council has the resources approved in terms of its annual business plan to meet minimum vehicle requirements.
- Council vehicle obligations. 22. Each Council, through the Gunduma Director, shall be obliged:
- (a) to submit an accurate list of all vehicles available to the Gunduma, their current state and any need for repair or maintenance, including a detailed budget;
 - (b) to utilise its available resources to comply with minimum vehicle requirements established by the Board;
 - (c) to specify and implement a maintenance schedule for all vehicles required to ensure health service delivery; and
 - (d) to advise the Board in writing where it is unable, for any reason, to comply with minimum vehicle requirements established by the Board.
- Compliance assistance. 23. (1) In the event a Council advises the Board in terms of rule 22(d) that it is unable to comply with minimum vehicle requirements, the Board shall instruct the vehicle oversight committee to meet and work with the relevant Council to address the obstacles preventing compliance.

- (2) To the extent possible, the Board shall ensure that the vehicle oversight committee enables the relevant Council to develop effective solutions addressing the lack of compliance with minimum vehicle requirements.
- (3) In the event a Council does not have the capacity or requests the Board to assume responsibilities for specified or general minimum vehicle requirements, the Council shall remain responsible for all financial obligations incurred on its behalf for vehicles.
- Transfer of ownership. 24. The State and all Local Government Councils shall, within 60 calendar days of these rules coming into effect, transfer the ownership of all vehicles used for health service delivery within a Gunduma to the relevant Council.
- Standing Orders. 25. (1) The Commissioners may issue Standing Orders on all aspects related to the acquisition, ownership, maintenance, use and disposal of vehicles.
- (2) The Board and Councils shall abide by all Standing Orders on vehicles.

Part VIII: Pharmaceutical Supplies and Medical Consumables

- Pharmaceutical supplies and medical consumables. 26. (1) The Board shall, within 90 calendar days of these rules coming into effect:
- (a) develop general minimum pharmaceutical supply and medical consumable requirements for all Gundumas, with standards and minimum requirements to be aligned with any mandatory Federal Ministry of Health standards and requirements on pharmaceutical supplies and medical consumables;
- (b) determine minimum standards and requirements, based on the population and epidemiological patterns, for each Gunduma;
- (c) advise the Councils in writing of standards and requirements established in terms of paragraphs (a) and (b); and
- (d) establish a pharmaceutical supply and medical consumable committee to work with all Gunduma Directors.
- (2) The Board shall, on an annual or other periodic basis:
- (a) revise the standards and requirements established in sub-rules (1)(a)-(b), inclusive; and

- (b) advise the Councils in writing of any revised standards and requirements established in terms of paragraph (e).
- (3) The Board shall ensure that each Council has the resources approved in terms of its annual business plan to meet minimum pharmaceutical supply and medical consumable requirements.
- (4) Each Council, through its Gunduma Director and Gunduma Technical Team, shall ensure that each facility within the Gunduma has adequate pharmaceutical supplies and medical consumables for the treatment of health users.
- Council pharmaceutical supply and medical consumable obligations. 27. Each Council, through the Gunduma Director, shall be obliged:
- (a) to specify required pharmaceutical supplies and medical consumables to deliver the minimum package of health services in its annual business plan;
- (b) to advise the Board timeously of any changes in its standards and requirements, including a detailed budget and any revised budget implications;
- (c) to ensure the availability at all times of required pharmaceutical supplies and medical consumables to deliver the minimum package of health services; and
- (d) to advise the Board in writing where it is unable, for any reason, to obtain or maintain required pharmaceutical supplies and medical consumables to deliver the minimum package of health services.
- Compliance assistance. 28. (1) In the event a Council advises the Board in terms of rule 27(d) that it is unable to comply with specifications for minimum pharmaceutical supply and medical consumable requirements, the Board shall instruct the pharmaceutical supply and medical consumable committee to meet and work with the relevant Council to address the obstacles preventing compliance.
- (2) To the extent possible, the Board shall ensure that the pharmaceutical supply and medical consumable committee enables the relevant Council to develop effective solutions addressing the lack of compliance with minimum pharmaceutical supply and medical consumable requirements.
- (3) In the event a Council does not have the capacity or requests the Board to assume responsibilities for specified or general minimum pharmaceutical supply and medical consumable requirements, the Council shall remain responsible for all financial obligations incurred on its behalf for pharmaceutical supplies and medical consumables.

- Health emergency. 29. (1) In the event that a Gunduma is confronted with a health emergency requiring pharmaceutical supplies and medical consumables outside general minimum requirements for pharmaceutical supplies and medical consumables established in rule 26(1)(a)-(b), inclusive, the Council shall immediately advise the Board in writing of its standards and requirements.
- (2) The Board shall, on receipt of written notice in terms of sub-rule (1), immediately consider the circumstances giving rise to additional pharmaceutical supply and medical consumable standards and requirements and take appropriate action.
- (3) In the event the relevant Council is not satisfied with the action taken by the Board in terms of sub-rule (2), the Council may submit a written request to review the matter to the Commissioners, who shall be required to resolve whether additional pharmaceutical supplies and medical consumables are required to address the health emergency.
- Transfer of ownership. 30. The State and all Local Government Councils shall, within 60 calendar days of these rules coming into effect, transfer the ownership of all pharmaceutical products and medical consumables used for health service delivery within a Gunduma to the relevant Council.
- Standing Orders. 31. (1) The Commissioners may issue Standing Orders on all aspects related to pharmaceutical products and medical consumables, including but not limited to Councils utilising the Jigawa Medical Stores.
- (2) The Board and Councils shall abide by all Standing Orders on pharmaceutical products and medical consumables.

Part IX: Procurement

- Procurement. 32. (1) The procurement of all goods and services by the Council and Boards shall be undertaken pursuant to relevant Federal and state legislation.
- (2) The Board shall, within 180 calendar days of these rules coming into effect, develop a written procurement policy incorporated into a procurement manual to guide all Gunduma procurement.
- (3) The procurement manual contemplated in sub-rule (2) shall:

- (2) specify standard procedures for:
 - (i) the acquisition of land and buildings for the health service delivery by the Board and Councils;
 - (ii) the construction, renovation and maintenance of Board, Council and Gunduma facilities;
 - (iii) equipment acquisition and maintenance;
 - (iv) vehicle acquisition and maintenance;
 - (v) pharmaceutical product and medical consumable acquisition;
 - (vi) the acquisition of office and other supplies required for the effective functioning of the Board, Council and Gundumas;
 - (vii) the acquisition of technical assistance or other services; and
 - (viii) the acquisition of any other good or service required for the operation of the Board or a Gunduma.
- (b) include applicable supply chain management standards and procedures to address the purchase, storage and distribution of pharmaceuticals, medical consumables, and medical equipment at all public health care levels;
- (c) provide that capital procurement of any nature may only be undertaken with the prior written authorisation of the Commissioners;
- (d) specify procedures, including contractual requirements, to ensure that procurement of all goods and services shall be at competitive prices from reputable supplies;
- (e) specify goods to be purchased from or through the Jigawa Medical Stores;
- (f) address what constitutes an emergency, the circumstances justifying the Board or a Council authorising emergency purchases outside standard procurement processes and the procedures for an emergency purchase; and
- (g) be distributed by the Board to all Councils for distribution to all facilities.

- (4) Each Council shall be responsible for complying with all procurement manual requirements to ensure the continuous availability of pharmaceutical supplies, medical consumables, equipment, vehicles and any other required supplies.
- Contracts. 33. (1) The Board or a Council shall enter into a contract for the purchase of any land, good or service prior to the its acquisition as specified in the procurement manual contemplated in rule 32(2).
- (2) A contract contemplated in sub-rule (1) shall state:
- (a) the parties;
 - (b) duration of the contract;
 - (c) land, building, good or service, including quantity, to be purchased;
 - (d) the date transfer of ownership of the land, building, good or service shall pass to the Board or Council;
 - (e) the total cost of the land, building, good or service and terms of delivery;
 - (f) any incentives for early delivery;
 - (g) penalties for failure to deliver the land, building, good or service;
 - (h) circumstances under which the contract may be cancelled, including the failure of the supplier to fulfil the terms of the contract;
 - (i) that no financial incentive or other inducement outside the purchase price was paid to the supplier to obtain the land, building, good or service; and
 - (j) any other relevant provision.
- (3) (a) No supplier of land, buildings, goods or services shall be paid until delivery of the land, building, good or service.
- (b) Where a contract contemplated in sub-rules (1) and (2) specifies two or more payments, the contract shall also specify conditions to be met prior to any payment being made to the supplier.
- Disposal. 34. (1) The procurement manual contemplated in rule 32(2) shall provide procedures for the disposal by the Board or a Council of all immovable or movable property such as equipment, vehicles and

unused pharmaceutical products, medical supplies, office supplies and other purchases.

- (2) All immovable or movable property disposed of by the Board or a Council shall be at competitive prices and the purchase price shall be paid into the Gunduma Health Account.
 - (3) No immovable or movable property may be disposed of at less than fair market value without the prior written approval of the Commissioners.
- Standing Orders. 35. (1) The Commissioners may issue Standing Orders on procurement.
- (2) The Board and Councils shall abide by all Standing Orders on procurement.

Part X: Financing and Financial Accountability

- Financial accountability. 36. (1) The Commissioners, Board, Councils and all personnel shall be bound by the provisions of the Law and these rules relating to the financing of Gundumas for the delivery of health services and shall act in terms of:
- (a) the Law and these rules;
 - (b) Federal Government laws, including rules and procedures, on financial management and accountability;
 - (c) State financial instructions;
 - (d) Local Government Council financial memoranda;
 - (e) generally accepted accounting principles; and
 - (f) the highest fiduciary standards.
- (2) All financial transactions shall be conducted in an accountable and transparent manner, with information on financial transactions available to the public on request.
- Budgeting and budgetary control. 37. (1) The three year strategic health plan shall be based on and derived from the requirements specified in rule 49 and based on the three year medium-term expenditure framework.
- (2) The annual work plan is derived from the three year strategic plan and budget, with budget schedules to indicate expected financial and related health delivery performance for each activity.
 - (3) The budget contemplated in sub-rule (2) shall:

- (a) reflect all anticipated sources of income and their relationship to the annual work plan; and
 - (b) provide for planning, resource allocation, forecasting, performance measurement and control over resources and health service delivery.
- (4) The Board shall establish a budget committee to lead the entire budget cycle.
- (5) The budget committee established in terms of sub-rule (4) shall:
- (a) include executive management personnel within the Gunduma;
 - (b) be responsible for developing policy and operational strategies that form the basis for the financial manual, to be incorporated into the manual contemplated in rule 43; and
 - (c) ensure that all policy guidelines conform to the three year strategic health plan contemplated in rule 49 and annual strategic health plans contemplated in rule 51.
- Gunduma Financial Management System. 38. (1) The Permanent Secretary, together with the Board and after receiving joint written approval from the Commissioners, shall establish all financial systems and specify standards for the collection of revenue and expenditure of funds required for the operation and delivery of health services by each Council, which shall form the Gunduma Financial Management System.
- (2) The Permanent Secretary, together with the Board and after receiving joint written approval from the Commissioners, may revise the Gunduma Financial Management System as required for its effective administration and that of the Councils.
- (3) In the event of any revision to the Gunduma Financial Management System, the Permanent Secretary, together with the Chairman of the Board, shall give immediate written notice to all Councils.
- (4) Each Council is required to comply with the Gunduma Financial Management System specified by the Board in terms of sub-rules (1) and (2).
- (5) Each Council shall be responsible in terms of the Gunduma Financial Management System for accounting for all revenue and expenditure, including immediately reporting any misfeasance or malfeasance, to the Board.

- (6) The Board, through qualified members of the Gunduma Technical Team, shall assist each Council with implementing the Gunduma Financial Management System, notwithstanding which each Gunduma remains responsible for the Gunduma Financial Management System
- (7) A Council requiring assistance with any aspect of the Gunduma Financial Management System may make a written request for assistance to the Board, which shall be required through one or more qualified members of the Gunduma Technical Team to assist the Council.
- (8) (a) The Board shall specify members of the Gunduma Technical Team responsible for monitoring the implementation and administration of the Gunduma Financial Management System.
- (b) A Gunduma Technical Team member shall report all findings directly to the Board.

Banking.

- 39. (1) Each Council is required under section 56 of the Law to open a current account at a Nigerian bank approved by the Board.
- (2) The Gunduma Director, Director for Administration and Support Services and accountant are the authorised joint signatories for the bank account contemplated for each Council in sub-rule (1).
- (3) The Board is authorised to operate one current account at a Nigerian bank to pool funds to be distributed to Councils.
- (4) The Board Permanent Secretary, Director for Administration and Support Services and accountant shall be the joint authorised signatories to the Board bank account contemplated in sub-rule (3).
- (5) The following requirements shall be included in the Gunduma Financial Management System manual contemplated in rule 43:
 - (a) internal bank account control procedures, including all aspects of managing cheques, cheque accounts and reconciliation of cheque accounts;
 - (b) payment procedures;
 - (c) cash management;
 - (d) advances, including travel and subsistence advances, purchase of market goods, conferences and workshops; and
 - (e) any other matters identified by the Permanent Secretary, the Board or a Council.

- Centralised accounting system. 40. (1) The Permanent Secretary, together with the Board and after receiving joint written approval from the Commissioners, shall establish and administer a centralised accounting system to record and account for all revenue and expenditures and report to all stakeholders.
- (2) Each Council shall maintain relevant electronic books of account, using software approved by the Permanent Secretary and the Board, at the Gunduma Headquarters to identify, record, classify and summarise financial transactions and:
- (a) all transactions shall be supported by source documents, including payment vouchers, bills, receipts, supplier invoices, personnel and sundry claims, demand notices, bank deposits and withdrawal advice, bank account statements and similar proof; and
- (b) all transactions are to be supported by a double entry accounting system.
- (3) The electronic accounting and management information system, including all software approved by the Permanent Secretary and the Board, to be operated by each Council shall be fully compliant with Board standards and requirements and the Gunduma Financial Management System.
- (4) Each Gunduma shall be required to implement the centralised accounting system established in terms of sub-rule (1) and abide by sub-rules (2)-(3), inclusive.
- (5) The Board shall establish a system of management check and assets control to safeguard all Board and Council revenue, expenditure, bank accounts and assets.
- Fixed assets. 41. (1) The minimum value of a recognised fixed asset shall be ₦50,000.
- (2) The total cost of a fixed asset to be capitalised shall include:
- (a) for land:
- (i) the purchase price;
- (ii) the estate agent's commission;
- (iii) legal fees, for example the title deed;
- (iv) the survey cost; and

- (v) developmental costs, including but not limited to clearing, draining, grading and landscaping;
- (b) for a building:
 - (i) the original purchase price or construction cost; and
 - (ii) related costs, including but not limited to alterations, reconditioning, design fees, certificate of occupancy, materials, labour and overhead costs during construction; and
- (c) for a motor vehicle and office equipment:
 - (i) procurement cost; and
 - (ii) related costs, including but not limited to clearing agent fees, transit insurance and required special equipment.
- (3) Capital expenditure on contract works shall be charged to Council accounts on the basis of valuation certificates, including retention fees.
- (4) Fixed assets shall not be depreciated and shall be included in an assets register in the format prescribed by the Board, with the assets register to monitor and control the usage of assets and the Council shall:
 - (a) record all fixed assets;
 - (b) include detailed information on each fixed asset, including:
 - (i) asset description;
 - (ii) classification;
 - (iii) cost;
 - (iv) date of purchase;
 - (v) identification number;
 - (vi) location; and,
 - (vii) where applicable, date of disposal and disposal cost by a qualified independent valuation expert;
 - (c) include physical coding and numbering of vehicles for proper identification; and

- (d) include the imprint of the Gunduma.
 - (6) Fixed assets may be revalued only upon disposal and any revaluation shall be conducted by a qualified independent valuation expert.
 - (7) Assets shall only be disposed of by a Council after prior written authorisation from the Board.
 - (8) Pharmaceutical supplies, medical consumables, office supplies and equipment shall be held pursuant to Gunduma Financial Management System standards and requirements prior to their distribution to facilities and shall be charged to the relevant Council at the time of purchase.
 - (9) A summary of fixed assets shall be extracted from the assets register and form part of the Board's management report and financial statements.
- Gunduma Medical Stores. 42. The asset management team established by the Board and Councils shall be responsible for receiving, recording and issuing goods as specified in the Gunduma Financial Management System
- Financial manual. 43. (1) The Board, with the joint written approval of the Commissioners, shall develop a financial manual detailing the standards and requirements of the Gunduma Financial Management System.
- (2) The Commissioners, Board, all Councils, personnel and any other person responsible for the administration and financing of Gundumas and health service delivery shall be bound by the standards and requirements specified in the financial manual.
- Financial statements. 44. (1) Pursuant to section 71 of the Law, the Commissioners shall jointly specify the form and format for financial statements, along with any related standards and requirements, for all Gundumas.
- (2) Each Gunduma shall comply with all financial reporting standards and requirements and submit its financial statement in the format and no later than the date specified by the Commissioners.
- (3) Where the Commissioners jointly or individually have reason to believe there are any irregularities in the reporting of revenue and expenditure, accuracy of a financial statement or any other matter:
- (a) the Commissioner or Commissioners may order the Board investigation; and

- (d) all other matters relevant to the delivery of health services by Gundumas.
 - (2) The Board shall determine the format and extent of health management information system reporting required from all Gundumas.
 - (3) The Board may, as required and from time to time:
 - (a) determine any additional information to be provided by the Gundumas;
 - (b) specify additional information to be provided by a particular Gunduma; and
 - (c) alter the format for health management information system reporting standards and requirements.
- Gunduma obligations. 48. Each Gunduma Director shall ensure that:
- (a) an adequate number of qualified personnel is dedicated to the implementation and maintenance of the health management information system for the Gunduma; and
 - (b) information is provided timeously in the format specified by the Board.

Part XII: Planning

- Three year strategic health plan. 49. (1) The Board shall, no later than 180 calendar days after these regulations coming into effect, submit a three year strategic health plan for the health and local government sectors to deliver health services by the Gundumas to the Commissioners, with the three year strategic health plan:
- (a) to provide for a defined minimum package of health services and any other health services, which shall be aligned with the policies and strategies of the Ministry of Health and Ministry for Local Government;
 - (b) to address any changes in the defined minimum package of health services, other health services, modes of delivery and health technology;
 - (c) to comply with any Federal and State medium-term expenditure frameworks; and
 - (d) to provide the foundation for Board and Council planning for the delivery of health services.

- (2) The Board shall, no later than 180 calendar days prior to the end of each financial year after the initial three year strategic health plan is developed in terms of sub-rule (1), submit to the Commissioners revisions or amendments to the three year strategic health plan to address changed circumstances.
- (3) The Commissioners shall jointly review and consider the three year strategic health plan and any revision or amendment contemplated in sub-rules (1) and (2).
- (4) The Commissioners may approve or reject the three year strategic health plan reviewed and considered in terms of sub-rule (3) or require modifications, but shall in any event make a decision no later than 120 calendar days prior to the end of the next financial year.
- (5) The Board and Councils shall be bound by any decision made by the Commissioners in terms of sub-rule (4).

Business plans.

- 50. (1) The Board shall, no later than 90 calendar days prior to the required date of submission of a business plan, advise all Councils in writing of the format and due date for the annual business plan, including an annual work plan.
- (2) Each Council shall be required to develop and submit an annual business plan, including an annual work plan, detailed budget and proposed allocations, no later than the date specified by the Board, which shall in any event be no later than 120 calendar days prior to the end of the financial year.
- (3) A business plan, including the annual work plan, developed by a Council shall address the following matters for the relevant Gunduma:
 - (a) available and required human resources;
 - (b) a list of all facilities in the Gunduma, their current state and any need for repair or rehabilitation of facilities;
 - (c) the estimated requirements for and availability of pharmaceutical supplies and medical consumables for all facilities within the Gunduma;
 - (d) the estimated requirements for and availability of essential equipment for all facilities within the Gunduma;
 - (e) the estimated requirements for and availability of vehicles;
 - (f) adequacy of procurement procedures for goods and services;

- (g) level of compliance, as specified by the Board, with the Health management information system;
 - (h) level of compliance, as specified by the Board, with financial accounting systems and requirements;
 - (i) any obstacles or difficulties encountered in the delivery of services during the previous financial year, with suggested remedies, including requesting assistance from the Board, to overcome such obstacles or difficulties in the next financial year.
- (4) The annual business plan, including the annual work plan, contemplated in sub-rule (3) shall be aligned with the requirements of the three year strategic health plan contemplated in sub-rule 49.
 - (5) A Council shall, after the approval of the first annual business plan in a subsequent business plan, address any deficiency in the provision of services or shortfall in funds in the financial year covered by the previous business plan, including a strategy to such deficiency or shortfall.
 - (6) A Council requiring assistance with the development of an annual business plan, including the annual work plan, may approach the Board, which shall be required, through a qualified member of the Gunduma Technical Team, to provide effective assistance to the Council.
- Annual strategic health plan. 51.
- (1) The Board shall, no later than 90 calendar days prior to the end of the next financial year, develop and submit an annual strategic health plan for the health and local government sectors to the Commissioners for their joint approval.
 - (2) The annual strategic health plan to be developed by the Board shall:
 - (a) be based on the annual business plans prepared by each Gunduma as contemplated in rule 50;
 - (b) define the minimum package of health services and any other health services, including health education and health promotion, to be provided by the Councils in the next financial year, which shall be aligned with the policies and strategies of the Ministry of Health and Ministry for Local Government;
 - (c) address any changes in the defined minimum package of health services, other health services, modes of delivery or health technology;

- (d) state all foreseeable requirements for human resources, physical infrastructure, pharmaceutical supplies and medical consumables, equipment and vehicles and any other item requiring the expenditure of funds;
- (e) assess and address estimated financial resources and potential shortfalls for the coming year;
- (f) comply with any Federal and State medium-term expenditure frameworks; and
- (g) provide a solid foundation for Board and Council planning for the delivery of health services.

(3) The Commissioners may approve or reject the annual strategic health plan submitted in terms of sub-rule (1) or require modifications, but shall in any event make a decision no later than 120 calendar days prior to the end of the next financial year.

(4) The Board and Councils shall be bound by any decision made by the Commissioners in terms of sub-rule (4).

Disputes.

52. (1) In the event of the inability of the Commissioners to approve the three year strategic health plan in terms of rule 49 or an annual strategic health plan in terms of rule 51 or any other a dispute between the Commissioners:

- (a) either or both of the Commissioners shall immediately refer the dispute in writing to the Minister of Health and Minister for Local Government;
- (b) The Governor shall resolve the dispute and render a decision in writing no later than 30 calendar days after referral of the dispute in terms of paragraph (a).
- (c) The Governor's decision in terms of paragraph (b) shall be final and binding on all parties.

Part XIII: Gunduma Services

Services.

53. (1) The Board shall prescribe the minimum package of health services and any other health services and any amendment thereto.
- (2) The minimum package of health services and any other health services or any amendment thereto prescribed in terms of sub-rule (1) shall be published in the Gazette.

- (3) Each Council shall provide the minimum package of health services and any other health services or any amendment thereto as prescribed from time to time by the Board.
- Protocols. 54. (1) The Board shall specify all protocols, including protocol amendments, for the management and treatment of health users at all facilities within a Gunduma.
- (2) The Board shall timeously distribute all protocols and any protocol amendment, including specifying the date the protocol or a protocol amendment comes into effect.
- (3) The Gunduma Director shall ensure that the Gunduma Technical Team:
- (a) timeously distributes all protocols and any protocol amendment to all facilities and personnel within the Gunduma;
- (b) provides any required training to ensure the implementation of the protocol or protocol amendment; and
- (c) monitors and supervises all health practitioners and health personnel to ensure that all protocols and any protocol amendment are implemented as anticipated by the Board.
- (4) Each Council, through its Gunduma Director, Gunduma Technical Team and personnel, shall be required to comply with the protocols specified in terms of sub-rule (1).
- Protocol deviations. 55. (1) A Gunduma Director or member of a Gunduma Technical Team shall be obliged to report, in writing and within three calendar days of its discovery, any deviation from a protocol established in terms of rule 54(1) to the Council and Board.
- (2) The Board shall instruct the pharmaceutical supply and medical consumable committee established in terms of rule 26(1)(d) to investigate the deviation reported in terms of sub-rule (4) and make a written report to the Board.
- (3) The Board shall, after its review submit the report contemplated in sub-rule (2) to the relevant Council.
- (4) The Council shall be required:
- (a) to take any appropriate action, including disciplinary action, against a person who deviated from a protocol established in terms of sub-rule (1); and

- (b) to address, and if necessary revise, its procedures to ensure that all Gunduma personnel are familiar with and enforce all protocols established in terms of sub-rule (1).

- Notification badges. 56. A notification badge, reflecting the name and designation of each staff member in a facility, shall be worn at all times the staff member is on duty.
- Quality assurance. 57. (1) The Board shall establish quality assurance standards to be implemented by each Council for all facilities within the relevant Gunduma.
- (2) Each Council, with the relevant Gunduma Director and Gunduma Technical Team, shall be obliged to ensure and enforce quality assurance standards established by the Board.
- (3) Each Council shall ensure that the Gunduma Technical Team makes scheduled and unscheduled supervisory site visits to all facilities within the Gunduma, maintains a written record for each supervisory visit, stating recommendations and required follow up by facility personnel.
- (4) The Board shall be responsible for monitoring quality assurance standards within each Gunduma.
- (5) The Board may make recommendations to a Council for the improvement of quality assurance standards and the Council shall be obliged to ensure that Board recommendations are implemented by the Gunduma Director and Gunduma Technical Team.
- Facility rules and accountability. 58. (1) The head of a facility may make rules for the control and management of the facility, with all rules to be consistent with Board and Council policy, norms, standards and guidelines.
- (2) The head of a facility shall report and be accountable to the Gunduma Director and Council.
- (3) The head of a facility shall submit quarterly reports to the Gunduma Director.
- Admission to facilities. 59. (1) Personnel responsible for out-patient admission to a facility shall:
- (a) allocate a facility reference number to the health user;
 - (b) enter the name and reference number of the health user in an out-patient admission register; and
 - (c) complete an out-patient treatment card.
- (2) Personnel responsible for in-patient admission to a facility shall:

- (a) allocate a facility reference number to the health user;
 - (b) complete an admission form and prepare a case sheet for the health user, on which shall be recorded the facility reference number; and
 - (c) enter the name and facility reference number of the health user in the admission and index registers.
- (3) A health user shall be under the care of the health practitioner whose name appears on the relevant admission form and case sheet or out-patient treatment card or other medical history form.
- (4) The health practitioner responsible for the care of the health user in terms of sub-rule (3) shall carefully record on the clinical and other medical records particulars of the history of the health user's complaint, diagnosis, the treatment prescribed by the health practitioner and the health practitioner's findings.
- (5) A health practitioner shall give instructions in connection with the treatment of any health user, which instructions shall be in writing on the form provided for this purpose by the facility.
- (6) A health practitioner may give an oral instruction in an emergency and shall reduce the oral instruction to writing within 24 hours of giving the instruction.
- (7) Specified pharmaceutical products and medical consumables, as may be supplied in terms of the minimum package of health services shall be:
- (a) free of charge to a part-paying health user; or
 - (b) at prescribed rates to a private or full-paying health user.
- (8) Pharmaceutical products prescribed for any health user may only be given to the health user: Provided that:
- (a) authorised personnel may draw medicines on behalf of a bedridden health user;
 - (b) a guardian or caretaker of an infant, a child, a cripple or other physically or mentally incapacitated health user may be supplied with medicines to be given to the health user under conditions specified by the health practitioner; and
 - (c) the head of a facility may depart from the provisions of paragraphs (a) and (b), where he obtains prior written authorisation from the Gunduma Director.

- (9) Gunduma facility personnel who receive, issue, administer or order the administration of any habit forming drug shall make an accurate entry in this respect on the relevant records in accordance with relevant Federal and State legislation, policy, standards and guidelines.
- (10) A private health practitioner who wishes to treat a private health user at a public health facility shall apply to the Gunduma Director in the manner prescribed from time to time by the Board or Council.
- (11) A private health practitioner treating a private health user in terms of sub-rule (10) shall indemnify the Board, Council and Gunduma against any claim made by the private health user as a result of his treatment in the public health facility.
- (12) The Gunduma Director, upon receipt of an application in terms of sub-rule (10), shall notify the private health practitioner in writing of his decision.
- (13) If the Gunduma Director grants permission in terms of sub-rule (11), he shall indicate in the written notification any condition, including payment of costs, imposed in terms of which the permission is granted.
- (14) The head of a facility may only permit a person accompanying a health user to stay in the facility if he is of the opinion that the presence of the person is essential for the benefit of a health user.
- (15) The Board, after prior written authorisation from the Commissioners, shall prescribe the charges payable in respect of a person who has been permitted to stay in a facility in terms of sub-rule (14).

- (l) bone and tissue removed in orthopaedic operations;
- (m) fat tissues removed during elective reconstructive surgery;
- (n) nasal septa removed during a sub-mucous resection of the nasal septum;
- (o) bone removed to expose sinus cavities; and
- (p) removal of tissues, both normal and pathological, during operations on the ear.

(4) A health practitioner who submits human tissue for examination and a report in terms of sub-rule (1) shall initial and date the report furnished by the pathologist and forward it to the head of the facility at which the human tissue was removed.

(5) The head of a facility shall ensure that every report on any human tissue submitted for examination in terms of sub-rule (1) is:

- (a) initialed and dated by the health practitioner who submitted the tissue for examination; and
- (b) attached to the case history of the relevant health user.

Medical records.

62. (1) An electronic or written medical record, including a specialist report, X-ray film and a pathological report prepared in connection with the treatment of any health user at a facility, is:

- (a) the property of the Council; and
- (b) to be filed at the facility and maintained under the care of the facility head.

(2) An electronic or written medical record may be destroyed only if the destruction is authorised by the Council.

(3) A facility is not required to keep written records if all relevant information is recorded electronically.

Health information.

63. (1) Each Council shall ensure that all facilities within the relevant Gunduma display Federal, State and local government and Board health education posters in areas visible to health users and facilities personnel shall answer questions about the posters.

(2) All health education materials provided to a Council by the Federal, State and local government and Board shall be distributed free of charge to health users.

Health reference materials.

64. Each Council shall ensure that all facilities within the Gunduma and personnel have access to the following reference materials:
- (a) standard treatment and pharmaceutical guidelines and protocols;
 - (b) relevant Federal and State policy documents, health laws, rules and standing orders, which may be reviewed by any person on the premises of the facility;
 - (c) copies of the Patient Rights Charter for distribution to health users; and
 - (d) supplies of health learning materials in Hausa and English.

Health user surveys

65. Each Council shall ensure that all health facilities within the Gunduma:
- (a) conduct regular health user surveys in terms of Board policy, norms, standards and guidelines to assess health user satisfaction with health service delivery;
 - (b) develop a written report of all health user surveys; and
 - (c) timeously submit the written report contemplated in paragraph (b) to the Council.

Performance manage-

66. (1) The Board shall, within 120 calendar days of these Rules coming into effect, enter into a performance management agreement with each Council and thereafter shall enter into a new or amended performance management agreement annually to provide for the delivery of the minimum package of health services and any other health services.
- (2) The performance management agreement contemplated in sub-rule (1) shall be based on the annual business plan and meet the following minimum requirements:
- (a) state the name of the parties and the names of their representatives, specifically the Chairman of the Board and Chairman of the relevant Council;
 - (b) state the address of the Board and Gunduma Headquarters from which the Council operates;
 - (c) the duration of the Performance Management Agreement shall correspond with the State's financial year;
 - (d) provide for the phased implementation of the minimum package of health services available to all public health users, including but not limited to:

- (i) primary health care services;
 - (ii) secondary health care services;
 - (iii) tertiary health services; and
 - (iv) the implementation of the prescribed referral system, including referrals to a general hospital, secondary hospital and Federal tertiary hospital;
- (e) fully describe the minimum package of health services and any other health services to be provided by the Council, including but not limited to services to be provided by basic health clinics, primary health care centres, cottage hospitals and general hospitals within the Gunduma and for which the Council is responsible;
- (f) provide for all authorised activities and targeted outputs, including the utilisation of personnel;
- (g) state key performance areas, with the budget linked to key performance areas;
- (h) provide a detailed budget for each category of activities and personnel;
- (i) provide for any incentives for meeting targets and penalties for failing to meet targets;
- (j) address any previous deficiency in the provision of the minimum package of health services; and
- (k) provide for any related matter.
- (3) Notwithstanding sub-rules (1)-(2), the Board shall consider the capacity of each Gunduma to deliver the minimum service package and any other health services and regulate the level of health services accordingly.

Service delivery points. 67. (1) Each Council shall:

- (a) develop and maintain a list of:
 - (i) all health facilities within the Gunduma, including the name, address or location, any telephone and fax number and services provided at each facility; and
 - (ii) ambulance and emergency medical services and other contact information, including the name, address or location, any telephone and fax number and nature of available services;

- (10) A health user shall sign a receipt for monies received in terms of sub-rule (9).
 - (11) A facility which holds any property on behalf of a deceased person may, at the request of a relative or friend, place or leave the property on the body of the deceased person.
 - (12) The relative or friend of the deceased person authorising property to be left on the deceased person in terms of sub-rule (11) shall sign an indemnity as prescribed by the head of the facility or Council prior to the facility acting in terms of sub-rule (11).
 - (13) Facility personnel may not unlawfully remove the private property of a health user.
 - (14) The head of a facility or Council shall take the necessary steps to prosecute any personnel who act in contravention of sub-rule (13).
- Telemedicine. 73. A facility may utilise telemedicine where appropriate to render health care services.
- Standing Orders. 74. The Commissioners may make Standing Orders on all aspects of service delivery, including but not limited to the referral system.

Part XV: Fees

- Health user fees. 75. (1)The Board shall determine, after approval by the Commissioners, which health services shall be:
- (a) offered at no charge to health users; and
 - (b) provided for a fee.
- (2) The Permanent Secretary shall:
- (a) publish the fee schedule for fees contemplated in sub-rule (1)(b) in the Gazette; and
 - (b) distribute the fee schedule to all Councils.
- (3) Each Council shall distribute the fee schedule to all facilities.
- (4) Each facility within a Gunduma shall post the fee schedule in a visible place.

- Accurate information. 76. (1) A health user is required to provide accurate information about his financial resources where requested in terms of any fee schedule approved by the Commissioners and published by the Permanent Secretary.
- (2) A health user or the legal guardian of a health user who misrepresents or falsifies any financial information contemplated in sub-rule (1) shall be guilty of an offence.

Part XVI: Health User Rights and Obligations

- Health user rights. 77. (1) A health user shall be entitled, as a matter of right, to emergency medical services for any life threatening condition at any facility.
- (2) A health user shall be entitled to the progressive realisation within Gunduma Fund Allocation resources, to the right:
- (a) to information in Hausa or English about available health resources, services and conditions governing access to services and resources;
 - (b) of access to the minimum package of health services;
 - (c) to participate, where reasonably practical, in any decision affecting the health user's health or welfare;
 - (d) to a health service discharge report, upon discharge from a facility;
 - (e) to confidentiality of all health user records, except where the health user gives explicit written authorisation for the release of any information about the health user's health and treatment or where research is undertaken; and
- (a) not to be subject to any health treatment without granting his informed consent subject to rule 81.
- (3) A person employed by a public or private facility who turns away a person requiring emergency medical services in terms of sub-rule (1) shall be guilty of an offence.
- Right of access. 78. (1) All health users in the State shall be entitled, within available resources and funds allocated to the Gunduma and as a matter of right, to the minimum package of health services authorised by the Board and offered by Councils.
- (2) Each Council shall ensure that information about access to the minimum package of health services is available to the public.

- (5) Health user requests for individual health information may be submitted either in writing or orally and may be made in Hausa or English to the head of the facility.
- (6) The head of any facility shall respond to any health user request for information in terms of this rule within ten calendar days.
- (7)
 - (a) A health user who has made a request in terms of this rule may appeal the failure of the head of a facility to provide all relevant information timeously to the Gunduma Director.
 - (b) The failure of the head of a facility to provide all relevant information timeously in terms of paragraph (a) shall constitute grounds for a complaint, without prejudice to the complainant, against the offending head of a facility.
- (8) In the event that the head of a facility is not a qualified health practitioner, access to health user information may be denied only by the most senior health practitioner in the facility on grounds that the health user's access to information would seriously jeopardise the health of the health user.
- (9) Any restriction on access to information shall be interpreted narrowly in favour of the health user or health user's representative, including the health user's access to information about the health user's state of health, treatment and treatment options.
- (10) Any restriction on a health user's access to information shall be reconsidered periodically and information shall be made available to the health user at the earliest available opportunity when the health user's health will not be jeopardised.
- (11)
 - (a) A health user may appeal to the head of the facility against a health practitioner's decision to restrict access to information.
 - (b) the head of the facility shall make a decision within ten calendar days.
- (12) If a health user is aggrieved by the head of the facility's decision or failure to make a decision, the health user may submit a complaint, without prejudice to the health user, to the Gunduma Director.
- (13) A health user may be charged only the reasonable costs of photocopying or reproducing the health user's records in the possession of a facility.
- (14) Subject to rule (4), no person other than a health user may authorise the release of the health records of the health user, except:
 - (a) with the written consent of the health user or his legal guardian;
 - or

- (b) where approval has been obtained from the facility or health practitioner for research and the research does not identify any particular health user.
- (15) A person who releases any information, including computer or electronic records, without required authorisation in terms of this Act, shall be guilty of an offence.
- (16) A health user shall be entitled to bring an action for damages suffered by him against any person who gains, or allows, unauthorised access to the health user's records.
- (17) A health practitioner or other person who discloses any health user's health information or record without written authorisation in terms of this Act shall be guilty of an offence.
- Informed consent. 81. (1) A health user or legal guardian of a health user shall be entitled, as a matter of right, to information about the health user's health, medical condition, recommended treatment and prognosis for recovery in Hausa or English.
- (2) A health practitioner shall ensure that where treatment or lack of treatment will constitute a risk to the health of a health user that, prior to instituting or withdrawing recommended treatment, the health user is advised orally in Hausa or English and in full of:
- (a) his general state of health;
- (b) medical condition;
- (c) recommended treatment and related risks; and
- (d) prognosis for recovery.
- (3) A health user shall not undergo any invasive medical procedure without the health practitioner informing the health user of his medical condition, options for treatment, recommended treatment and prognosis for recovery and obtaining consent from the health user.
- (4) Where a health user refuses to grant informed consent and the health user's life is in jeopardy, the head of the facility may, where health treatment is required for the protection of the public health and after fully reviewing the facts, order health treatment for the health user.
- (5) Where a health user whose life is not in jeopardy refuses to grant informed consent and health care or treatment is necessary to protect public health, the Gunduma Director or party with an interest at law shall make application to a court of competent jurisdiction to rule without delay on the necessary health care or treatment.

- (6) In the event of an emergency and a health user's life being at stake or irreparable damage could occur if health treatment is not authorised and undertaken, the health practitioner attending the health user shall take immediate action to save the health user's life or prevent irreparable damage.
- (7) Where a health user is hospitalised and/or receives treatment without his consent, the head of the facility shall promptly make a written submission to the Gunduma Director, with the submission to establish the facts which gave rise to health care without informed consent.
- (8) Consent gained by coercion shall not constitute informed consent.
- (9) A health practitioner or other person who uses coercion to obtain informed consent shall be guilty of an offence.

Complaints.

- 82. (1) A health user or other person may submit a complaint on any matter concerning the conduct at a facility to the head of the facility.
- (2) The head of a facility receiving a complaint in terms of sub-rule (1) shall:
 - (a) within 21 calendar days of receiving the complaint acknowledge receipt to the complainant and advise the complainant of the course of action to be taken by the facility;
 - (b) ensure that a timeous investigation of the complaint takes place;
 - (c) if the complaint is of a serious nature, require the complainant to submit the complaint in writing and sign the complaint and, where necessary, ensure that the complainant receives assistance with writing the complaint;
 - (d) refer to the Gunduma Director any complaint against the head of the facility, any complaint which the complainant has requested be referred to the Council or any complaint which the head of the facility considers to be sufficiently important to justify referral;
 - (e) after the investigation in terms of paragraph (b) has taken place, take all appropriate steps to address the complaint and advise the complainant in writing of the steps taken by the head of the facility;
 - (f) maintain a complete record of every complaint made in writing, the steps taken to investigate the complaint and any findings regarding the complaint; and
 - (g) make the record kept in terms of paragraph (f) available for inspection by the Gunduma Director and any member of the facility board.

- (3) The complainant may refer his complaint:
 - (a) to the Gunduma Director where the complainant is not satisfied with the manner in which his complaint has been dealt with by the head of the facility; or
 - (b) Council where the head of the facility or Gunduma Director has not addressed the complaint within 60 calendar days of submission of the complaint to the head of the facility.
- (4) The Gunduma Director may submit any complaint referred to him to the relevant Council, which shall investigate and resolve the complaint.

Health user obligations. 83.

- (1) A health user shall:
 - (a) respect the rights of other health users;
 - (b) subject to the right to submit a complaint without prejudice and to receive a timeous response to any complaint, observe the rules concerning the organisation and operation of all facilities;
 - (c) assume responsibility for the appropriate use of health service benefits provided by a Gunduma;
 - (d) work with health practitioners and personnel to obtain the maximum benefit from the provision of health services;
 - (e) not damage or in any other way take any action which will lead to the physical deterioration of facility and equipment; and
 - (f) where there is an obligation to pay for health services, pay the fees stipulated in legislation or a written agreement.
- (2) If a health user refuses treatment, the health user shall sign, or if unable to sign make an identifying mark on a statement indicating that:
 - (a) the health practitioner has explained the consequences of refusing treatment;
 - (b) the health user has refused treatment; and
 - (c) the health practitioner, facility and Gunduma are not liable for any injury or death caused as a consequence of the refusal.

Patients' Charter.

- 84. (1) Based on health user rights in rules 77-83, inclusive, the Board shall develop a Patients' Charter, which may be modified from time to time.
- (2) All Gunduma facilities shall visibly display the Patients' Charter.

Part XVII: Health Practitioner Rights and Obligations

- Health practitioner rights. 85. A health practitioner shall be entitled, as a matter of right:
- (a) to be treated with dignity and respect; and
 - (b) to a healthy and safe working environment in accordance with Federal and State Legislation.
- Health practitioner obligations 86. (1) A health practitioner shall fulfill all duties owed to each health user in accordance with the standard of care generally recognised in his profession, including the obligation to treat all health users with dignity and respect.
- (2) A health practitioner shall perform his duties in accordance with the standard of care generally recognised in his profession.

Part XVIII: Community Participation

- Community participation. 87. (1) The Board and Councils shall develop procedures and Mechanism to promote community participation at all levels of the Gundumas.
- (2) The Board and Councils shall ensure that:
- (a) procedures for community participation in the development and implementation of health policies and practices are transparent and viable; and
 - (b) community participation is solicited as provided for in terms of these rules.
- Hospital Boards. 88. Each Council shall, within 180 calendar days of these rules coming into effect, establish a hospital board for each general hospital and secondary hospital within the Gunduma,
- Composition of hospital Boards. 89. The composition of a hospital board shall be based on the need to reflect different interests and priorities within communities to ensure the equitable spread of specific professional skills and general community representation.
- Nominations. 90. (1) A hospital board shall consist of no less than nine and no fewer than 15 persons appointed by the Council from the following nominations:
- (a) two experts who bring specific professional expertise to the hospital board from no less than six nominations submitted by State health professional bodies;
 - (b) two Councillors, elected by each Local Government Council area covered by the hospital;

- (c) one member of the State Assembly from the area covered by the hospital;
 - (d) two local representatives from faith-based organisations from the area covered by the hospital;
- (2) The Council shall utilise a method designed to reach the greatest number of residents in the area served by the public hospital to invite the nomination of persons in terms of sub-rules (1)(a), (1)(d) and (1)(e) to serve on the hospital board.
 - (3) The invitation for nominations in terms of sub-rule (2) shall specify the:
 - (a) nomination procedure;
 - (b) requirements for nomination; and
 - (c) date by which a nomination shall be received by the Council.
 - (4) The Council shall review all nominations received in terms of sub-rule (3) and determine hospital board members.

Meetings.

91. (1) All members appointed in terms of rule 90(4) shall attend hospital board meetings.
- (2) Non-voting members who may attend hospital board meetings include:
 - (a) the head of the facility;
 - (b) hospital management team senior members;
 - (c) a representative appointed by the Council;
 - (d) the Gunduma Director;
 - (e) members of the Gunduma Technical Team; and
 - (f) Board members.
- (3) A board shall at its first meeting:
 - (a) nominate a chairperson; and
 - (b) elect a vice chairperson.
- (4) The chairperson shall have a casting vote as well as a deliberative vote.
- (5) If the chairperson is absent from a meeting, the vice chairperson shall preside.

- (6) If both the chairperson and vice-chairperson are absent, the members present at the meeting shall elect a chairperson to preside at the meeting.
 - (7) The chairperson shall:
 - (a) convene meetings of the hospital board;
 - (b) set the agenda for the meetings;
 - (c) ensure that reporting and review procedures are observed;
 - (d) maintain close contact with the head of the facility;
 - (e) ensure that the hospital board's responsibilities and time frames are met;
 - (f) ensure that the minutes of hospital board meetings are circulated to the board's members within two weeks of the meeting taking place; and
 - (g) ensure that the secretariat has the contact numbers of all the members of the board.
 - (8) A hospital board shall meet at least once every three months: Provided however that the Council or chairperson of the hospital board has the right to call a special meeting of the board at any time.
 - (9) Fifty-one percent of the voting members of the hospital board constitute a quorum.
 - (10) A member of a hospital board automatically forfeits his membership of the hospital board if he misses three consecutive meetings of the hospital board without the prior written permission of the hospital board.
 - (11) A member of a hospital board may not vote or take part in or be present during discussions of any matter before the hospital board in which he has any direct or indirect financial interest.
- Term of office. 92. (1) A member appointed to the hospital board shall hold office for a period of three years and may be eligible for reappointment at the expiration of the period.
- (2) If a vacancy occurs in a board other than as a consequence of the expiration of a member's period of office, the Council may appoint a person to fill the vacancy for the unexpired portion of the period of office of the member in whose place the person is appointed.

- (3) All appointments shall be made on a rotational basis to ensure continuity.
- Reimbursement. 93. (1) A member of a hospital board shall be reimbursed only for reasonable travel expenses incurred to attend board meetings.
- (2) Travel expenses shall be reimbursed in accordance with a schedule determined by the Board from time to time.
- (3) A member of a hospital board is not remunerated for his time.
- Secretariat. 94. The secretariat function to the hospital board is provided by the hospital management.
- Hospital board objectives. 95. Hospital board objectives include:
- (a) supporting hospital management;
- (b) ensuring that hospital management and personnel are meeting their obligations; and
- (c) ensure that hospital management and personnel are responsive to community needs and views by providing the appropriate quality and compassionate public health care services in accordance with the Law, these rules and the Patients' Charter.
- Hospital board functions. 96. (1) The functions of a hospital board are:
- (a) setting hospital policy appropriate for local application of Board and Council policy guidelines and procedures;
- (b) ensuring equitable access to services for all community members;
- (c) formulating strategy and drawing up plans for the hospital within the constraints of the hospital budget;
- (d) providing expert advice and input, as required, to hospital management;
- (e) providing a visible presence at the hospital on a regular basis to build relations with the staff and gain
- (f) an understanding of hospital working conditions;
- (g) appropriate involvement in negotiating performance management agreements between the hospital management and the Council;

- (i) no longer holds his position in terms of Rule 92(1);
- (ii) is an unrehabilitated insolvent;
- (iii) has at any time been found guilty of an offence and has been sentenced to imprisonment without the option of a fine; or
- (iv) due to mental or physical disability or ill health, is unable to carry out his functions as a member.

Health centre and clinic committees.

102. (1) The Board may authorise the establishment of health centre and clinic committees.
- (2) In the event the Board determines that health centre and clinic committees shall be established:
- (a) the Board shall:
 - (i) determine the functions and powers of health centre and clinic committees;
 - (ii) determine the categories of members required for health centre and clinic committees;
 - (iii) specify the qualifications for the chairman and vice-chairman of health centre and clinic committee;
 - (iv) provide for the term of office for members of health centre and clinic committees;
 - (v) determine the grounds for disqualification of health centre or clinic committee member;
 - (vi) state the basis for reimbursement for attending meetings and prohibit remuneration as a health centre and clinic committee member;
 - (vii) specify health centre and clinic committee functions and powers;
 - (viii) specify requirements for meetings;
 - (ix) specify reporting requirements;
 - (x) state the right of access to health centre and clinics by health centre and clinic committee members;
 - (xi) provide for confidentiality;

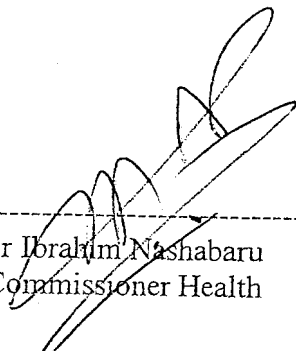
- (xii) specify how the health centre and clinic committees will work with local communities to develop and foster community participation;
- (xiii) state any other obligations relevant to the terms of reference;
- (xiv) publish the requirements for health centre and clinic committees in the Gazette; and
- (xv) distribute all requirements for health centre and clinic committees to the Councils.

(b) Councils shall:

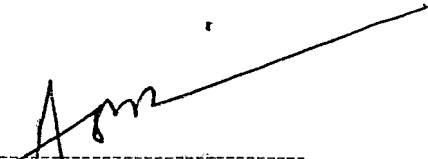
- (i) distribute all requirements submitted by the Board as contemplated in subparagraph (a)(xv) to all facilities within the Gunduma area; and
- (ii) establish health centre and clinic committees pursuant to the requirements contemplated in paragraph (a) and published in terms of subparagraph (a)(xiv).

- Forums and technical Committees. 103. (1) The Commissioners or Board may, on an *ad hoc* basis, establish a forum or technical committee to address specific health issues.
- (2) The Commissioners or Board shall, when establishing a forum or technical committee as contemplated in sub-rule (1), specify the terms of reference and duration of the forum or technical committee in writing.

MADE AT DUTSE THIS 15th DAY OF December 2010



 Dr Ibrahim Nashabaru
 Hon Commissioner Health



 Atiku Salisu
 Hon Commissioner Local Government
 DUTSE STATE

SIGN _____ DATE _____