

# **FEDERAL CAPITAL TERRITORY PRIMARY HEALTH CARE BOARD ACT, 2019**

## **EXPLANATORY MEMORANDUM**

This Act establishes the Federal Capital Territory Primary Healthcare Board to provide for the development and operation of primary healthcare structure, equitable distribution of primary healthcare facilities and effective access to healthcare services within the Federal Capital Territory.

# **FEDERAL CAPITAL TERRITORY PRIMARY HEALTH CARE BOARD ACT, 2019**

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# FEDERAL CAPITAL TERRITORY PRIMARY HEALTH CARE BOARD ACT, 2019

## A Bill

### For

An Act to establish the Federal Capital Territory Primary Healthcare Board to provide for the development and operation of primary healthcare structure, equitable distribution of primary healthcare facilities and effective access to healthcare services within the Federal Capital Territory; and for related matters..

[ ] Commencement.

ENACTED by the National Assembly of the Federal Republic of Nigeria—

## PART I – ESTABLISHMENT OF THE FCT PRIMARY HEALTH CARE BOARD

1. (1) There is established the Federal Capital Territory (FCT) Primary Health Care (PHC) Board (in this Act referred to as “the Board”). Establishment of the FCT Primary Health Care Board.
- (2) The Board-
  - (a) is a body corporate with perpetual succession and a common seal;
  - (b) may sue and be sued in its corporate name; and
  - (c) may acquire, hold or dispose of any moveable or immoveable property;
2. The objectives of the Board are to-
  - (a) ensure the development and operations of PHC structure and services in the FCT;
  - (b) ensure equitable distribution of PHC facilities and effective access to services within the FCT; and
  - (c) work with other relevant bodies to facilitate the implementation of the Health Insurance scheme in the FCT.The objectives of the Board.
3. (1) The Board shall consist of-
  - (a) a part-time Chairman, who shall be of good character and proven integrity with cognate experience in the health, public or private sector;Composition of the Board.

- (b) a representative of Federal Capital Development Authority not below the rank of a Director;
- (c) a representative of FCTA Area Council Services Secretariat not below the rank of a Director;
- (d) the Chairman of Association of Local Government of Nigeria, FCT Chapter;
- (e) the Director of FCT Treasury;
- (f) the General Manager, FCT Hospitals Management Board;
- (g) the Executive Secretary, FCT Health Insurance Scheme;
- (h) the Chairman of Nigerian Medical Association, FCT Branch;
- (i) the Chairman of Joint Health Sector Union, FCT Branch;
- (j) the Executive Secretary of the Board who shall serve as the Secretary; and
- (k) two persons with relevant experience resident in the FCT.

(2) At least two of the members of the Board should be females.

(3) The Minister shall, on the recommendation of the Secretary, Health and Human Services Secretariat (HHSS), appoint the Chairman and members of the Board.

4. (1) Subject to the provisions of this Act, the Chairman and members of the Board, other than an ex-officio member-
- (a) shall hold office for four years in the first instance; and
  - (b) may be reappointed for another four years and no more.

Tenure of office and cessation of membership of the Board.

(2) The office of a member of the Board becomes vacant if-

- (a) he resigns his appointment by notice in writing to the Minister;
- (b) he dies;
- (c) the period of his appointment expires;

- (d) he is convicted of an offence involving fraud by a court of competent jurisdiction;
- (e) he is adjudged or declared bankrupt;
- (f) he is sentenced to death or imprisoned;
- (g) he is a member of a secret society; and
- (h) the Board passes a resolution declaring that he has become-
  - (i) incapable by reasons of mental or bodily infirmity or unable to discharge his duties,
  - (ii) unfit for membership of the Board by reason of the fact that he did not disclose his interest in a contract entered into by the Board; or
  - (iii) unfit for membership by reason of having contravened the provisions of this Act or any regulation made under this Act.

(2) Where a vacancy occurs in the membership of the Board, it shall be filled by the appointment of a successor to represent the same interest for the unexpired term of the member concerned.

## PART II – FUNCTIONS AND POWERS OF THE FCT PHC BOARD

5. (1) The Board shall-

Functions and powers of the Board.

- (a) provide guidance and oversight for the provision and efficient running of PHC systems for all residents of the FCT;
- (b) approve all annual work plans, budgets, programmes, capital expenditures, and projects, any other major undertaking that may be necessary to enhance the function of the Board;
- (c) approve budget for submission to the HHSS to be included in FCTA budget estimate proposals to the National Assembly;
- (d) mobilise funds necessary for the provision of effective and efficient PHC services;
- (e) undertake capital projects as needed to improve PHC services in the FCT; and

- (f) perform such functions as are assigned to it by the Minister of the FCT.

The supplementary provisions contained in the Schedule to this Act shall have effect with respect to the proceedings of the Board and other matters mentioned in those provisions.

Proceedings of Board.

Schedule.

No member of the Board is personally liable for any act or omission, provided that such act or omission occurred in the course of discharging of his official duties and was done in good faith.

Protection of members of the Board.

### PART III – ADMINISTRATIVE STRUCTURE AND COORDINATION

3. The Minister shall appoint an Executive Secretary for the Board on the recommendation by the Secretary of HHSS of FCTA, upon the conclusion of internal competitive screening process.

Appointment of the Executive Secretary.

9. 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 additional qualification in public health and cognate experience of at least 15 years, five of which shall be in PHC in the FCT.

Qualifications of the Executive Secretary.

10. The Executive Secretary shall -

Responsibility.

(a) be the Chief Executive and accounting officer of the Board;

(b) be responsible for the administration of the Board; and

(c) ensure the implementation of the decisions of the Board.

11. The Executive Secretary shall hold office for four years and may be eligible for reappointment for another four years and no more.

Tenure of office.

12. The Executive Secretary shall be paid such salary and allowances as may be determined by the Salaries, Incomes and Wages Commission.

Remuneration.

13. The Minister may declare the office of the Executive Secretary vacant if -

Vacancy.

(a) the Executive Secretary resigns his appointment by notice in writing under his hand to the Minister; or

(b) he is satisfied that the Executive Secretary-

(i) has been convicted of an offence involving fraud or dishonesty,

(ii) is incapacitated by physical or mental illness from performing his functions,

(iii) has become bankrupt or make a compromise with his creditors, or

(iv) has such financial or other interest in the operations of the Board, which is likely to prejudicially affect the discharge of his duties.

14. The Management Team shall consist of the Executive Secretary and such number of Directors as may be appointed in accordance with the operational guideline approved by the Minister. Management Team.

15. The Management Team shall meet weekly and shall, through the Executive Secretary, prepare present and submit a quarterly progress report to the Board during the latter's last quarterly review meeting. Meeting of Management Team.

16. The Management Team shall --

Functions of the Management Team.

(a) be responsible for the running of the Board as outlined in the structures of the Departments that make up the Board;

(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);

(c) take into cognisance the PHC operational guideline in the execution of its mandate;

(d) be responsible for planning and implementation of PHC



services and programmes in the FCT;

- (e) ensure budgetary provision, monitoring and evaluation of all PHC services in the FCT;
- (f) advise the Minister of the FCT and guide Area Councils Health Authorities in the FCT on any matter regarding PHC services in the FCT;
- (g) ensure the development and establishment of policies with respect to the implementation of PHC services and programs in the FCT;
- (h) recruit, promote, deploy, train or discipline staff in line with Public Service Rules;
- (i) appoint programme and deputy or sub-programme officers for each Area Council;
- (j) pay salaries and allowances to PHC staff;
- (k) manage funds provided to it by the National Primary Health Care Development Agency and other sources;
- (l) ensure annual medical and financial auditing of PHC facilities in all Area Council Health Authorities; and
- (m) ensure compliance with minimum standard and issue annual certificate as appropriate to public and private PHC facilities in the FCT.

17. The Board shall have the following Departments headed by Directors based on operational guidelines -

Departments  
within the Board.

- (a) Department of Administration and Human Resources (DAHR);
- (b) Department of Accounts and Finance (DAF);
- (c) Department of Community Health Services (DCHS);
- (d) Department of Disease Control and Immunisation (DDCI);
- (e) Department of Essential Drugs System, Equipment and

- Logistics (DEDSEL);
- (f) Department of Planning, Research and Statistics (DPRS);  
and
- (g) Department of Legal Services:

PROVIDED that changes in departmental structures may be recommended by the management to the Board for approval.

18. (1) There is established an Inter-Agency Coordinating Committee (in this Act referred to as "the IACC") to provide technical advice to the Board. Establishment of the Inter-Agency.
- (2) The composition and functions of the IACC shall be in line with national guidelines.
19. (1) There is established a costed Minimum Services Package (MSP) for FCT PHC services. Establishment of minimum services package for FCT PHC.
- (2) The MSP and guidelines for its implementation shall be published by the Board.
20. There is established for each Area Council of FCT an Area Council Health Authority (ACHA) which shall consist of an Area Council Advisory Committee (ACAC) and a Management Team (ACHAMT) both reporting to the Executive Secretary. Establishment of Area Council Health Authority.
21. The ACAC shall consist of - Members of ACAC.
- (a) Executive Chairman of the Area Council who shall be the Chairman;
- (b) Area Council Supervisory Councillor for Health;
- (c) Directors of other Departments in the Area Councils (Works, Agriculture, Finance, Education, Community Development, Personnel, and Environment);
- (d) one representative of National Orientation Agency in the Area Council;
- (e) one representative of traditional council;
- (f) one representative of religious leaders;

- (g) head of one secondary public hospital in the Area Council;
- (h) one representative of private health sector;
- (i) one representative of women leaders;
- (j) one representative of health training institutions where available;
- (l) one representative of CSOs or CBOs;
- (m) two representatives of Ward Health Committee (WHC) (on rotational basis);
- (n) Director PHC, who shall be the secretary of the Committee.

22. The ACHA shall -

Functions of  
ACHA.

- (a) primarily advise the Board and the ACHAMT;
- (b) set the overall vision and mission of the ACHA;
- (c) provide strategic direction to ACHAMT;
- (d) mobilise and allocate resources;
- (e) hold implementers to account for effective and efficient use of resources;
- (f) develop effective working relationship with the management team and communities;
- (g) receive and deliberate on health reports of Area Council and advise ACHAMT on decisions to improve health outcomes;

(h) support ACHAMT on implementation of PHC in the Area Council; and

(i) identify and fund the PHC capital projects.

3. The ACHAMT shall be composed of -

Composition of  
ACHAMT.

(a) Director of PHC;

(b) Two Deputy Directors;

(c) Programme Officer, Planning, Research and M & E

(d) Programme Officer, Disease Control;

(e) Programme Officer, Immunisation

(f) Programme Officer, Essential Drugs and Logistics;

(g) Programme Officer, Health Promotion;

(h) Programme Officer, Nutrition;

(i) Programme Officer, Reproductive, Maternal and Child Health;

(j) Administrative Officer; and

(j) Finance and Accounts Officer.

24. (1) The PHC Department shall be headed by a PHC Coordinator or Head of Department (HOD) Health who shall be the Medical Officer of Health (MOH) for the Area Council.
- (2) The Board shall appoint a medical Doctor, not below Grade level 16 in the continuous service of the FCT, to occupy the office.
- (3) Where there is no Medical Officer on Grade level 16, any Health Officer with a minimum of a University degree in the health profession, not below Grade Level 15,

Appointment and  
qualification of  
Area Council PHC  
Coordinator.

shall be appointed to head the office in acting capacity.

5. The PHC Coordinator or HOD shall be assisted by suitable qualified officers with relevant qualifications designated as Deputies or Programme Officers to head relevant units of the Department. Appointment of deputies.
6. (1) The implementation of PHC services within the Area Councils shall be based on the principle of the Ward Health Services system. Ward health committee.
- (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 – FINANCIAL PROVISIONS

27. (1) There is established and maintained a fund (in this Act referred to as “the Fund”), for the implementation of the Board’s activities and programs. Fund of the Board.
- (2) This Fund shall consist of -
- (a) FCT annual statutory budgetary allocation for PHC;
  - (b) annual grants of at least 2% of FCTA Consolidated Revenue Fund from the FCTA or Area Council Joint Account or any other similar account that may be operated from the FCTA or Area Councils;
  - (c) allocation from the National Basic Health Care Provision fund as provided by the National Basic Health Act; and
  - (d) grants and donation from development partners and philanthropists.

28. The Board shall keep proper record and statements of accounts of all its transactions and cause to be prepared a report on or before 45 days after the closure of each financial year. Proper record and statement.
29. The statement of account referred to in section 28 of this Act shall be verified by the Board, audited by a firm of auditors appointed by the Board and published in the annual report of the Board. External audit of statement of account.

#### PART V – REGULATIONS AND MISCELLANEOUS PROVISIONS

30. The Board may, subject to the approval of the Minister, make regulations for the purpose of performing its functions. Regulations.

1. The staff of the Board shall be subject to the provisions of the Pension Reform Act.

Pension and gratuity.  
Act No. 4, 2014.
2. (1) The provisions of the Area Council Bye-Laws shall not apply in relation to matters provided for by this Act.

Provisions of the Area Council Bye Laws.

(2) Any matter concerning the appointment, promotion, discipline, transfer and retirement of Area Council PHC staff which were handled by the FCT Area Council Service Commission (FCT ACSC) before the commencement of this Act, is transferred to the Board.

(3) Any person who, before the commencement of this Act was appointed by the FCT ACSC is deemed to have been appointed by the Board under the provisions of this Act provided such person satisfies the minimum requirements for such appointment.
33. The Board or ACHA through the Board may enter into agreement with any private practitioner, private health establishment or non-governmental organisation in order to achieve the objectives of this Act.

Power of the Board to enter into agreements with private organisations.
34. All ACHAS and private health establishments shall, ensure that appropriate and comprehensive service provision information is disseminated and displayed at facility level of the health services for which they are responsible -

Dissemination of service provision information.

  - (a) the types of health services available;
  - (b) the organisation of health services;
  - (c) operating schedules and timetables of visits;
  - (d) procedures for laying complaints; and
  - (e) the rights and duties of clients and health care professionals.
35. Subject to applicable archiving legislation, a person in charge of a health establishment shall maintain a health record containing such information as may be prescribed, at the health establishment for every authorised user of health services.

Record Keeping.

5. There is 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. Primary Health Care Management Information System.
7. 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. Duties of Area Council.  
Act No. 8, 2014.
8. A private health care provider shall - Duties of private health care providers.
  - (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 36 as a condition necessary for the grant or renewal of the Certificate of Standards.
39. (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. Limitation of suits against the Board.  
Cap. P41, LFN, 2004.
  - (2) Notwithstanding anything contained in any other law or enactment, no suit against the Executive Secretary, a member of the 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-
    - (a) within three months after the act, neglect or default complained of; or
    - (b) in the case of a continuation of damage or injury, within six months after the ceasing thereof.
  - (3) No suit shall be commenced against the Executive Secretary, a member of the Board, or any other officer or employee of the Board before the expiration of one month after written notice of the intention to commence the suit is served on the Board by the intending plaintiff or his agent.

10. (1) In any action or suit against the Board, no execution or attachment process shall be issued against the Board unless at least three months' notice of the intention to execute or attach has been given to the Board. Restriction on execution against property of the Board.

(2) Any sum of money which by the judgement of any court has been awarded against the Board 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 Board.

11. The Executive Secretary, a member of the 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 Board, officer or other employee of the Board. Indemnity.

12. In this Act - Interpretation.

"ACHA" means Area Council Health Authority;

"ACSS" means Area Council Services Secretariat;

"ACSC" means Area Council Service Commission;

"Area Councils" means the FCT Area Councils;

"BHCPF" means Basic Health Care Provision Fund;

"BOARD" means the FCT Primary Health Care Board, established under section 1 of this Act;

"Chairman" means the Chairman of the Board appointed under section 3 of this Act;

"Executive Secretary" means the Executive Secretary of the Board appointed under section 8 of this Act;

"FCT" means Federal Capital Territory, Abuja;

"FCTA" means the Federal Capital Territory Administration;

"Functions" includes powers and duties;



“Board” means the Board of the FCT Primary Health Care Board, established under section 3 of this Act;

“HHSS” means Health and Human Services Secretariat;

“Member” means a Member of the Governing Board, and includes the Chairman;

“Minister” means the Minister of the FCT;

“MSP” means Minimum Services Package and is an identified essential package of high impact health interventions that addresses the majority of prevailing health problems;

“PHCUOR” means Primary Health Care Under One Roof;

“PHERMC” means Private Health Establishment Regulatory and Monitoring Committee;

“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;

“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.

## SUPPLEMENTARY PROVISIONS RELATING TO THE BOARD, ETC.

*Proceedings of the Board*

- (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 Board may make standing orders regulating the proceeding of the Board or a Committee thereof.
- (2) The quorum of the Board shall be the Chairman and six other members, and the quorum of any Committee of the Board shall be determined by the Board.
- (1) The Board shall meet at least four times in each year and, the 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 at least three other members, he shall summon a meeting of the Board to be held within 14 days from the date on which the notice is given.
- (2) At any meeting of the Board, the Chairman shall preside, but if he is absent, the members present at the meeting shall appoint one of them to preside at that meeting.
- (3) Where the Board desires to obtain the advice of any person on a particular matter, the Board may co-opt him as a member for such period as it deems fit, but a person who is a member by virtue of this subparagraph is not entitled to vote at any meeting of the Board and shall not count towards the quorum.
- (4) Notwithstanding anything in this paragraph, the first meeting of the Board shall be summoned by the Minister.

*Committees*

3. (1) The Board may set up one or more Committees to perform, on behalf of the Board, such of its functions as the Board may determine.
- (2) A committee set up under this paragraph shall consist of such number of persons, not necessarily all members of the Board, as may be determined by the Board and a person other than a member of the Board shall hold office on the Committee in accordance with the terms of his appointment.
- (3) A decision of a Committee of the Board is of no effect until it is confirmed by the Board.

*Miscellaneous*

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

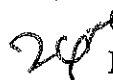
(2) Any contract or instrument, which if made or executed by a person not being a body corporate would not be required to be under seal, may be made or executed on behalf of the Board by the Executive Secretary or any person generally or specially authorised to act for that purpose by the Board.

The validity of any proceeding of the Board or Committee is not affected by any vacancy in the membership of the Board or of a Committee, or by reason that a person not entitled to do so took part in the proceedings.

A member of the Board or of a Committee who has a personal interest in any contract or arrangement entered into or proposed to be considered by the Board or the Committee shall forthwith disclose his interest to the Board or Committee and shall not vote on any question relating to the contract or arrangement.

I, CERTIFY, IN ACCORDANCE WITH SECTION 2 (1) OF THE ACTS AUTHENTICATION ACT CAP. A2, LAWS OF THE FEDERATION OF NIGERIA 2004, THAT THIS IS A TRUE COPY OF THIS BILL PASSED BY BOTH HOUSES OF THE NATIONAL ASSEMBLY.

  
MOHAMMED ATABA SANI-OMOLORI  
CLERK TO THE NATIONAL ASSEMBLY

 DAY OF MAY, 2019

**Schedule to the Federal Capital Territory Primary Healthcare Board (Establishment) Bill, 2019**

<b>SHORT TITLE OF THE BILL</b>	<b>LONG TITLE OF THE BILL</b>	<b>SUMMARY OF THE CONTENTS OF THE BILL</b>	<b>DATE PASSED BY THE SENATE</b>	<b>DATE PASSED BY THE HOUSE OF REPRESENTATIVES</b>
Federal Capital Territory Primary Healthcare Board (Establishment) Bill, 2019	A Bill for an Act to establish the Federal Capital Territory Primary Healthcare Board to provide for the development and operation of primary healthcare structure, equitable distribution of primary healthcare facilities and effective access to healthcare services within the Federal Capital Territory; and for related matters.	This Bill establishes the Federal Capital Territory Primary Healthcare Board to provide for the development and operation of primary healthcare structure, equitable distribution of primary healthcare facilities and effective access to healthcare services within the Federal Capital Territory.	24 <sup>th</sup> April, 2019	22 <sup>nd</sup> May, 2019

I certify that this Bill has been carefully compared by me with the decision reached by the National Assembly and found by me to be true and correct decision of the Houses and is in accordance with the provisions of the Acts Authentication Act Cap. A2, Laws of the Federation of Nigeria, 2004.

  
**MOHAMMED ATABA SANI-OMOLORI**

Clerk to the National Assembly

24<sup>th</sup> Day of May, 2019

**I ASSENT**

  
**MUHAMMADU BUHARI, GCFR**

President of the Federal Republic of Nigeria

24<sup>th</sup> Day of May, 2019

*June*