



# KANO STATE HEALTH TRUST FUND (KHETFUND)

## BENEFICIARY GUIDE

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## **GLOSSARY:**

KHETFUND	–	Kano State Health Trust Fund
MDA	–	Ministry, Department and Agency
KIRS	–	Kano State Internal Revenue Service
IGR	–	Internally Generated Revenue
MLG	–	Ministry for Local Government
HIV	–	Human Immunodeficiency Virus
TB	–	Tuberculosis
MOH	–	Ministry of Health
KSCHMA	–	Kano State Contributory Healthcare Management Agency
KSACA	–	Kano State Agency for the Control of Aids
DMCSA	–	Drugs Medical Consumables and Supply Agency
HMB	–	Hospitals Management Board
PHIMA	–	Private Health Institution Management Agency
SRV	–	Store Receipt Voucher
BoQ	–	Bill of Quantity
MCH	–	Maternal and Child Health
HRH	–	Human Resource for Health

## FORWARD

As part of the renewed commitment of the present administration under the able leadership of His Excellency the Executive Governor of Kano State Alhaji Abba Kabir Yusuf in ensuring transparency and accountability in the disbursement of KHETFUND funds to beneficiaries at all levels. It is a home-grown mechanism to address issues of the funding gap in the health sector to rehabilitate the decaying infrastructures and restore the lost glory of healthcare confidence as well as consolidate the gains thereto; build the capacity of healthcare personnel for efficient healthcare services across the State.

In line with the current administration effort towards sustaining healthcare delivery in the State by ensuring remittance of 5% internally generated revenue (KIRS) as well as 1% 44 local Government Statutory allocations is forthcoming.

Finally, I urge all stakeholders to embrace this beneficiary guide and work diligently to achieve the desired objectives of the Agency.



**Dr. Abubakar Labaran Yusuf**  
Honorable Commissioner  
State Ministry of Health Kano

## ACKNOWLEDGEMENT

My special appreciation goes to His Excellency the Executive Governor of Kano State Alhaji Abba Kabir Yusuf for giving me the opportunity to serve as Executive Secretary Kano State Health Trust Fund (KHETFUND) and by continuous remittance of capital receipt to the Agency for strengthening the provision of quality services at all levels of healthcare to meet the needs of the teeming populace of Kano State.

Furthermore, I wish to extend my profound gratitude to the Hon. Commissioner of Health, Dr. Abubakar Labaran Yusuf for his dedication, commitment and exemplary leadership in ensuring healthcare service delivery in the State.

I will also like to appreciate the entire Staff of KHETFUND for their efficiency, hard work and commitment to duty, you all are great team to work with. I am truly grateful for your support.

Finally, the technical support by Lafiya Program to KHETFUND is highly appreciated.



**Dr. Fatima Usman Zahradeen**  
Executive Secretary KHETFUND

## **BACKGROUND:**

**KHETFUND** was established by the Kano State Government under the law No. 3 of 2017 (1438 AH), charged with the responsibility for collection, managing and disbursing of fund to the Public Health Institutions and other Health related services in the State, through their MDA's.

## **MISSION:**

To provide a credible and sustainable additional funding mechanism that strengthens and improves the healthcare system in Kano State.

## **VISION:**

To be a sustainable healthcare system financing instrument for the attainment of qualitative, affordable and accessible services for residents of Kano State

## **OBJECTIVE:**

The overriding objective of the policy is to augment funding sources to meet the healthcare needs of the people of Kano State.

## **SOURCES OF FUND**

1. The KIRS shall be responsible for deducting and remitting 5% of the State IGR on monthly basis on or before the 14<sup>th</sup> of the succeeding month.
2. The MLG shall remit 1% statutory Federal allocation from each of the 44 local government monthly on or before the 10<sup>th</sup> of the succeeding month.
3. Other sources includes: Donors, Endowments, Zakkat and Hubs

## **FUND UTILIZATION:**

In the allocation of funds, the Agency shall be guided by the following percentages:

1. 25% - State owned Training Institutions
2. 50% -Primary, Secondary and Tertiary Healthcare Facilities
  - a) 25% Primary Healthcare Facilities
  - b) 15% Secondary Healthcare Facilities
  - c) 10% Tertiary Healthcare Facilities
3. 10% - Malaria and Nutrition programs
  - a) 5% Malaria Program
  - b) 5% Nutrition
4. 5% - Free Maternal and Child Healthcare/Accident and Emergency Programs
5. 2% for Vulnerable groups
6. 6% - other services e.g Sickle cell, Drug Abuse/Psychiatric illnesses, HIV, TB/Leprosy, etc.
7. 2% KHETFUND Operational cost

## **BENEFICIARIES**

- i. MOH (Malaria and Nutrition)
- ii. State owned Health Training Institutions
- iii. Primary Healthcare Facilities
- iv. Secondary Healthcare Facilities
- v. State owned Tertiary Health Institutions
- vi. KSCHMA (Vulnerable)
- vii. KSACA (HIV/AIDs)
- viii. DMCSA
- ix. HMB (Free Maternal Healthcare/Accident and Emergency Programs)
- x. KHETFUND (Operational Cost)
- xi. PHIMA (Drug Abuse)

## **PROCESS FOR ACCESSING FUNDS FROM KHETFUND:**

**KHETFUND** shall make a direct disbursement of the approved funds to the benefiting institutions and services that follows the outlined processes.

1. Apply formally to KHETFUND through the supervisory Institutions/Agencies i.e (eg program managers) HMB, PHCMB and Colleges to access the funds
2. The Content of the application letter must include justification for their request and desired output/outcome of the project being pursued
3. Attach cost implication and or design BoQ of the items to be procured

4. Supervisory Institutions/Agencies (HMB, PHCMB and Colleges) shall assess, screen and recommend request from the benefiting Institutions/Facilities before submitting to KHETFUND
5. Request shall be verified, assessed and recommended by KHETFUND for onward submission to Hon. Commissioner MOH for approval.
6. The approved fund shall be disbursed direct to the benefiting Institutions, Facilities and programs by KHETFUND
7. The benefiting Institutions/Facilities shall forward acknowledgment received of the disbursed fund
8. There shall be a representative from KHETFUND in the implementation committee of the received fund
9. A maximum of **60%** of the approved fund shall be released in the first instance for all projects.
10. To submit interim valuation report of the **60%** fund received to KHEFUND.
11. The balance of the **40%** shall then be released upon satisfaction of the **interim valuation report**.
12. Intervention for training, procurement and program



shall be **100%** payment except where the circumstance dictates otherwise.

13. To submit report/retirement (receipt, SRV, BoQ, Attendance, Minute of Meeting, action pictures etc) of the total disbursed funds.
14. Failure to submit report/retirement will lead to non-recommendation of subsequent requests.

The fund shall be used for:

- a) Infrastructures (Renovation, construction, rehabilitation of structures/ building and furniture)
- b) Equipment (Provision of medical equipment for the facilities to improve service delivery)
- c) Instructional Materials (Provision of instructional materials and teaching aids to Health Training Institutions)
- d) Provision of medical services i.e free MCH, vulnerable program etc
- e) HRH (To improve HRH in State owned health training institutions to meet all national and international accreditation standards).
- f) Urgent public health emergencies i.e epidemic and other natural disasters
- g) Evidence based health emergencies i.e bomb blast, pandemics and riots resulting in mass casualties.
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