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COMMISSIONERS FOR THE REVISION OF THE LAWS OF
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CHAPTER 60

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ARRANGEMENT OF SECTIONS

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CHAPTER 60

HEALTH SERVICES MANAGEMENT

A LAW TO ESTABLISH A MANAGEMENT BOARD FOR HEALTH SERVICES
IN GONGOLA STATEGGS 7 of
1978.
GGS 2 of
1983.
GGS 9 of
1984.
GGS 13 of
1985.
GGSLN 3 of
1983.[1 July 1978] Date of
commence-
ment.

PART I—PRELIMINARY

1. This Law may be cited as the Gongola State Health Services Management Board Law. Title.
2. In this Law unless the context otherwise requires:— Interpretation.
 - “Board” means the Gongola State Health Services Management Board established by this Law;
 - “Commissioner” means the Commissioner for the time being charged with responsibility for Health;
 - “District” means all that area served or to be served by the District Management Committee;
 - “District Management Committee” means Committee set up under section 20 of this Law;
 - “Existing Hospitals” means hospitals existing immediately before the date of the commencement of this Law;
 - “Government Hospital” means a hospital:—
 - (a) established or taken over, maintained and run by the Government immediately before the commencement of this Law; or
 - (b) established by or on behalf of, or taken over by the Government thereafter and maintained and run by the Board under the provisions of this Law;

“Governor” means the Governor of the State;

“Hospital” means any institution for the reception and treatment of a person suffering from illness or mental defectiveness, or any institution for the reception and treatment of persons requiring medical rehabilitation, and also any clinic, or outpatients department maintained in connection with any such institution;

“Medical Practitioner” means a Medical Practitioner duly registered under the provisions of the Medical Practitioners and Dentists Act;

“Member” means member of the Board, or District Management Committee, as the case may be and includes the Chairman;

“Prescribed” means prescribed by rules or regulations made by the Commissioner;

“Specialist Hospital” means any hospital so designated by the Government for teaching, training and research in all branches of medicine;

“Staff of the Board” includes persons employed in a hospital or institution connected therewith;

“State” means Gongola State of Nigeria.

PART II—ESTABLISHMENT AND COMPOSITION OF THE BOARD

Establishment of the Board.

3.—(1) There is hereby established for the State a Board to be known as the Health Services Management Board which shall exercise functions in accordance with the provisions of this Law.

(2) The Board:—

- (a) is a body corporate which shall be self accounting;
- (b) shall have a common seal;
- (c) may in the exercise of its functions acquire, hold and dispose of movable and immovable properties; and
- (d) may sue and be sued in its corporate name.

Composition of the Board.

4.—(1) The Board shall consist of:—

- (a) a full-time Chairman and three members of the public all of whom shall be appointed by the Governor; and

- (b) one *ex-officio* member each representing the following State Ministries:- GGs 13 of 1985.
- (i) Finance and Economic Development;
 - (ii) Health; and
 - (iii) Justice.
- (2) The provisions of the first Schedule to this Law shall here effect with respect to matters contained therein.
- (3) The provisions of the First Schedule to this Edict shall have effect in relation to the Board with respect to the matters contained therein. First Schedule.
5. The Chairman and other members of the Board other than *ex-officio* members shall hold office for three years, but shall be eligible for re-appointment. Tenure of Office.
6. A member, other than an *ex-officio* member, may resign his appointment in writing under his hand addressed to the Governor and upon receipt of the resignation the appointment of the member shall determine. Resignation.
7. Notwithstanding anything in the instrument or letter by which a member is appointed, the Governor may revoke the appointment of the member if he is satisfied that the member:- Revocation of appointment.
- (a) has been absent from three consecutive meetings of the Board without the permission of the Chairman; or
 - (b) has been convicted by a court in Nigeria for any offence involving fraud or dishonesty; or
 - (c) is incapacitated by physical or mental illness; or
 - (d) is otherwise unable or unfit to discharge the functions of a member; or
 - (e) should no longer in the public interest continue to serve;
 - (f) has otherwise ceased to possess the qualifications by virtue of which he was appointed a member.
8. The Commissioner may give the Board directions of general character or specific nature with regard to the exercise by the Board of its functions and it shall be the duty of the Board to comply with the directions. Directions of the Commissioner.

PART III—FUNCTIONS AND POWERS OF THE BOARD

Objectives
of the
Board.

9. The objectives of the Board shall be:—

- (a) to provide a platform for the achievement of a high standard of medical practice and delivery of allied health services;
- (b) to ensure that the health needs of the whole population are taken into account in providing health care;
- (c) to give new impetus to an attack on the high incidence of ill-health throughout the State;
- (d) to ensure that any dissatisfaction among the health care staff is eliminated through pursuit of policies which pay due regards to dedication, handwork and professional ethics;
- (e) to produce appreciable results in all health fields;
- (f) to balance the conflicting interests and render social justice to:—
 - (i) those who need medical care, both the sick and members of community who need maximum protection from illness; and
 - (ii) those who provide medical care, including doctors, dentists, nurses, pharmacists and other professions allied to medicine.

Functions of
the Board.

10. Functions of the Board shall be:—

- (a) to manage, control and operate all Government hospitals in the State, comprehensive and primary health centres;
- (b) to provide information and advice to the State Ministry of Health to facilitate the development of realistic State policies and plans;
- (c) to consider the plans and budgetary proposals of District Management Committees and submit recommendations to the State Ministry of Health;
- (d) to develop strategies for the execution of general health policies and programmes devised by the Ministry of Health;
- (e) to delegate to District Management Committees executive responsibilities for delivery of health care in any Local Government Area;
- (f) to direct, motivate and control the performance of staff;
- (g) to monitor performance of District Management Commit-

- tees in delivering health care and take appropriate corrective measures for reinforcing action when necessary;
- (h) to ensure that progress is in accordance with approved objectives, targets, and that services are being provided with efficiency and economy;
 - (i) to undertake general maintenance and minor services of hospitals, dental centres, clinics and health institutions, up to a maximum value of one million naira) and to delegate as appropriate, portions of this power to the District Management Committee;
 - (j) to ensure the coordination and integration of the various health services in the State and to maintain a balance of health care as between preventive, curative and health education;
 - (k) to submit requests for funds to the Ministry of Health in accordance with soundly based plans; allocate resources to the District Management Committees and resolve competing claims in relation to agreed priorities;
 - (l) to agree on financial budgets and targets with District Management Committees against which to measure performance;
 - (m) to review continually, existing methods of funding hospitals and make suggestions to the Ministry of Health for new or alternative sources of finance;
 - (n) to ensure uniformity in conditions of service throughout the State and compatibility with Federal personnel policies;
 - (o) to employ, promote and discipline all health services staff within its jurisdiction including those in the Headquarters provided it shall delegate to the District Management Committees:-
 - (i) powers to employ, promote and discipline all staff on levels 01-06 with the right to appeal to it in respect of dismissal of permanent staff; and
 - (ii) disciplinary powers, including that of dismissal, in respect of staff above level 06 also with right to appeal to it;
 - (p) to advise District Management Committees on the implications of legislation affecting health management and ensure

their understanding of statutory obligations in respect of staff matters;

- (q) to induce a high level of morale and motivation throughout the State through the promotion and implementation of sound personnel policies;
- (r) to ensure that all health services personnel receive the right amount and level of training to ensure competence in operation and adequate opportunities for advancement;
- (s) to act as communication channel between the Ministry of Health and the District Management Committees;
- (t) to receive, investigate and take action promptly upon all complaints from whatever source regarding health service matters within its jurisdiction;
- (u) to maintain regular contact with all professional bodies in the State to ensure constant awareness of staff thinking and attitudes;
- (v) to carry out such health functions and general directions as may be passed on to it in writing by the Commissioner, compatible with maintaining its functional autonomy;
- (w) to cooperate with Teaching Hospitals and Research Institutions (as applicable) so as to maximise the effective use of resources within Health Institutions in the State.

Powers of
the Board.

11. The Board shall have power to do all such acts or things as may to the Board appear necessary for the performance of its functions and, without prejudice to the generality of the foregoing may:-

- (a) in respect of any hospital accept gifts, legacies and donations that may be made or given by individuals and organizations, but without obligation to accept the same for any particular purpose unless the terms and conditions attached thereto are approved by the Commissioner;
- (b) incur lawful expenditure within the limits of the finances of the Board;
- (c) charge and collect fees for any services or facilities rendered or provided by the Board, subject to and in accordance with any regulations, made in respect thereof by the Commissioner;

- (d) make standing orders not inconsistent with the provisions of this Edict governing its own procedure and in particular with regard to the holding of meetings, the custody, production and use of the common seal, opening, keeping, closing and auditing of account;
- (e) delegate the performance of any duty or the exercise of any power conferred upon the Board under the provisions of this Edict to a committee composed entirely of members of the Board or partly of members of the Board and other members not members of the board;

Provided that no act of any such committee shall have any effect unless it is ratified by the Board.

(2) The Board or the District Management Committee acting as agent of the Board in exercise of their respective functions shall have power to enter into contract relating to such functions.

(3) Except with the approval of the Commissioner the Board shall not have power:-

- (a) to incur expenditure; or
- (b) to borrow money; or
- (c) to charge fees for any facilities provided by or under an arrangement with the board; or
- (d) to dispose of any immovable property.

PART V—STAFF ETC. OF THE BOARD

12.—(1) The Board shall have power:-

Staff of the
Board.

- (a) to appoint and promote such staff as it may determine;
- (b) to transfer, dismiss or otherwise exercise disciplinary control over all persons in the employment of the Board;
- (c) to pay its staff such remuneration as the Board may determine.

(2) Until new rules are made for the disciplinary control of the staff, such control shall be exercised in accordance with the provisions of the State Civil Service Rules.

(3) All persons in the Public Service who immediately before the coming into force of this Law were employed in a Government

hospital or institution connected therewith shall as from the commencement of this Law become staff of the Board provided that:-

- (a) no such person shall suffer any loss of rank or retirement benefit as a result of the transfer of staff to the Board effected by this subsection; and
 - (b) any such person may within one year from the commencement of this Law be given the option to decide whether or not he should continue with the service of the Board.
- (4) The Board may make all such other appointments as it may think necessary for carrying out the purpose of this Law fully and effectively and determine the wages, salaries and other conditions of service of other persons employed by the Board.
- (5) The Board shall grant pensions, gratuities and other retirement benefits to its employees or to the estates or to the dependants of deceased employees of the Board in accordance with the Civil Service Pensions Scheme for the time being in force.

Secretary to
the Board.
GGS 13 of
1985.

13.—(1) The Governor shall appoint a suitably qualified person to be the Secretary and the Secretary shall:-

- (a) keep records of the proceedings of the Board;
 - (b) subject to the direction of the Chairman be in charge of the general administration of the Board;
 - (c) perform such other duties as the Board may from time to time direct.
- (2) The Secretary shall be responsible to the Board in the performance of his duties under this Edict.

PART V—FINANCIAL PROVISIONS ETC.

Financial
provisions.

14.—(1) The Board shall operate its own account and delegate to the District Management Committee power to collect revenues and disburse same on behalf of the Board.

(2) The funds and resources of the Board include:-

- (a) such sums as may from time to time be appropriated to the Board by the Government for defraying the expenses of the

Board (including the expenditure incurred by District Management Committees) in exercising its functions under this Law;

- (b) legacies, grants, endowment, donations and other gifts received by the Board;
- (c) fees charged by the Board for services provided in hospitals and institutions connected therewith;
- (d) all incomes derived from any property or investment of the Board;
- (e) any loans made to the Board;
- (f) such other moneys or property as may lawfully accrue to the Board from any other sources.

15.—(1) The Board shall, not later than the 31st day of August each year, prepare and submit to the Commissioner estimates of income and expenditure of the Board in respect of the hospitals in the State and institutions connected therewith to which this Law applies for the next ensuing financial year.

(2) The District Management Committee shall on such date as may be specified each year by the Board prepare and submit to the Board estimates of the income and expenditure of the District Management Committee in respect of hospitals and associated institutions within its area of authority for the next ensuing financial year.

(3) The annual estimates of the Board shall be subject to the approval of the Commissioner.

16. The Board shall:—

- (a) keep proper account of its transactions in each financial year, which account shall be audited by the Director of Audit in accordance with the provisions of the Audit Law; and
- (b) prepare and transmit to the Commissioner in respect of each financial year such audited account;
- (c) notwithstanding paragraph (a) of this section, the account of the Board may be audited by auditors appointed by the Board with the approval of the Commissioner and auditors

Accounts of
the Board
and District
Management
Committee.
Cap. 14.

so appointed shall be remunerated out of the funds of the Board.

(2) The accounts of the Board and those of the District Management Committees shall, as soon as is practicable but not later than the 30th day of September of each year, be brought before the Public Accounts Committee.

Annual
report.

17.—(1) Every District Management Committee shall as soon as practicable after the end of each financial year, submit to the Board a full report of its activities during that financial year together with the audited account of the District Management Committee of that financial year.

(2) The Board shall, not later than the 30th day of September of each year submit to the Commissioner the full report of its activities during that financial year (including the report of the District Management Committee) together with audited accounts of the Board and District Management Committees for that financial year.

Emoluments
of members
of Board
and District
Management
Committees.

18. Emoluments, allowances and other benefits of the members of the Board or District Management Committee shall be determined by the Governor and be paid out of the funds of the Board.

19. The Board may with the written approval of the Governor:—

- (a) borrow moneys for the purpose of its functions;
- (b) invest any moneys belonging to the Board in such investments including housing estates as the Board may deem fit; and
- (c) provide provident, superannuation, welfare and other benefits for its employees and their dependants.

PART VI—DISTRICT MANAGEMENT COMMITTEES

Establish-
ment of Dis-
trict Man-
agement
Committees.

20.—(1) The Commissioner may, with the approval of the Governor establish such number of District Management Committees each to be responsible to the Board and exercise functions in accordance with the provisions of this Law.

(2) For the purpose of this section, the State shall be divided into Medical Districts and for each of such Districts there shall be a District Management Committee.

(3) Notwithstanding the provisions of subsections (1) and (2) of this section, the Governor may, whenever he deems it necessary, establish one District Management Committee to serve two or more Districts.

21.—(1) The District Management Committee shall consist of a Chairman and other members to be appointed by the Commissioner with the approval of the Governor as follows:—

Composition
of District
Management
Committees.

- (a) Medical Officer in charge of the medical district as chairman;
- (b) Local Government Secretary;
- (c) the most senior Nursing Officer or Rural Health Officer or Urban Health Officer working in the District;
- (d) the most senior Hospital Secretary in the District who shall be the Secretary to the Committee;
- (e) one Head of Department of Local Government Medical and Health Services in the District;
- (f) two representatives of the Local Community in the District;
- (g) a representative of resident doctors in the District;
- (h) a representative of Voluntary Agency Medical Service in the District;
- (i) the Chairman of the Board who may attend the meeting of the Committee as of right.

(2) The provisions of the Second Schedule to this Law shall have effect in relation to each District Management Committee with respect to the matters contained therein.

Second
Schedule.

22.—(1) A member of the District Management Committee other than an *ex-officio* member shall hold office for three years, but shall be eligible for re-appointment.

Tenure of
office of
members of
District
Management
Committees.

(2) A member other than an *ex-officio* member of the District Management Committee may resign his appointment in writing under his hand addressed to the Commissioner and upon accep-

tance of the resignation the appointment of the member shall determine.

Revocation
of appoint-
ment of a
member of
District
Management
Committee.

23. Notwithstanding anything in the instrument or letter by which a member is appointed, the Commissioner may, with the approval of the Governor revoke the appointment of a member if he is satisfied that the member:-

- (a) has been absent from three consecutive meetings of the Committee without the written permission of the Chairman; or
- (b) has been convicted by a court in Nigeria or in any country recognized by Nigeria for any offence involving fraud or dishonesty; or
- (c) is incapacitated by physical or mental illness; or
- (d) is otherwise unable or unfit to discharge the functions of a member.

Functions of
District
Management
Committees.

24. District Management Committee shall, subject to the regulations made by the Board, control and manage the hospital or each hospital in the District, together with other health institutions and services provided in connection therewith, and for that purpose, shall exercise on behalf of the Board the following functions and powers:-

- (a) identify and define the needs of the various hospitals and health institutions within the District;
- (b) determine how best to satisfy those needs within existing or available resources;
- (c) submit to the Board policies and plans for provision of services to meet those needs;
- (d) ensure that any matter requiring a State level policy decision is referred to the Board;
- (e) provide identified services in the hospitals and associated institutions within the District;
- (f) monitor the effectiveness of all services provided within the District;
- (g) maintain and repair buildings and equipment within the District and in particular the Committee shall:-

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(i) make comprehensive health care available and accessible to the whole population at the lowest possible cost within available resources;

(ii) detect, prevent, treat and control all communicable diseases in the District;

(iii) promote and develop in conjunction with other sectors of the government, environmental health programmes which will provide a sound basis for a healthy population;

(iv) combat, and if possible, eradicate the major communicable diseases currently prevalent in the District;

(v) promote harmony between all health institutions, health personnel and the community to ensure successful health care orientation;

(vi) ensure uniformity and conformity to agreed standards in the levels of health care throughout the State;

(h) provide adequate ambulance services in the District;

(i) prepare annual budgets for all revenue and minor capital expenditure in consultation with all relevant health units in the District;

(j) ensure the observance of all existing statutory requirements;

(k) provide the Board with regular performance reports and a full annual report;

(l) receive, investigate and take action promptly on any complaints from members of the public on the health services provided in the District;

(m) employ, promote and discipline all staff on levels 01-06 with the right to appeal to the Board where such disciplinary action involves the dismissal of permanent staff on such salary scales;

(n) control, discipline and recommend to the Board the dismissal of staff other than those covered in paragraph (m) of this section.

25.—(1) In respect of every hospital, the Board shall appoint a suitable person to be the Hospital Secretary. ^{Hospital Secretaries.}

(2) The Hospital Secretary shall:-

- (a) act as Secretary to the District Management Committee;
- (b) subject to directions of the doctor in charge of the hospital, be responsible for day-to-day administration of the hospital; and
- (c) perform such other duties as the District Management Committee may from time to time direct.

Legal status
of District
Management
Committee.

26. All rights and liabilities acquired or incurred by a District Management Committee in the exercise of its functions under this Edict shall be deemed to be acquired or incurred by the Board and any proceedings for the enforcement of such rights or liabilities shall be brought by or against the Board.

PART VII—MISCELLANEOUS

Inspection of
hospitals.

27. The Commissioner or any person authorized by him in writing may at all reasonable times enter a Government hospital or any institution connected with such hospital for the purpose of supervision and inspection of professional and ethical standards in the hospital or the institution and may require to be produced to him all or any of the records, registers and other documents maintained pursuant to this Edict and the Hospital Secretary or, in his absence, any other person performing administrative functions in the Hospital or institution shall take such steps as may be necessary to facilitate such supervision and inspection.

Authentica-
tion of docu-
ments.

28.—(1) The affixing of the common seal of the Board shall be authenticated by the signature of the Chairman or some other member authorised by the Board to act in that behalf and the signature of the Secretary to the Board.

(2) Any contract or instrument which if made or executed by a person not being a body corporate may not require to be under seal, may be made or executed on behalf of the Board or the District Management Committee as the case may be.

(3) Any document purporting to be a document duly executed under the common seal of the Board shall be received in evidence and shall, unless the contrary is proved, be deemed to be so executed.

29. Subject to the provisions of this Edict, but notwithstanding the provisions of any other Law to the contrary there shall, on the date of the commencement of this Law be transferred to any vested in the Board by virtue of this Law the benefits and obligations under all contracts existing on that date and entered into by the Government in respect of or for the purpose of a Hospital and the rights and liabilities of the parties thereto shall in all respects be as if the Board were a party thereto instead of the Government.

Transitional provisions in contracts.

30. The Commissioner may with the approval of the Governor make regulations:- Regulations.

- (a) for securing the due performance of any duty imposed and the effective exercise of any power conferred upon the Board under the provisions of this Law;
- (b) for securing the proper, efficient and economic maintenance, organization and operation of the hospitals or institution connected therewith, and or of any facilities or services provided under this Law;
- (c) for securing the health and safety of persons employed in hospitals;
- (d) for the preservation of all property under the control of the Board and for the proper and economic use of such property;
- (e) for the maintenance of discipline among students in any of the establishments controlled by the Board;
- (f) providing for the allocation of duties among the employees and for the efficient performance of those duties;
- (g) making provisions for holding administrative inquiries into any alleged breaches of regulations by any employee and for the procedure for holding such inquiries;
- (h) providing for the mode of proceeding against persons (whether or not such persons are employed by the Board) found guilty by an Administrative Board of Inquiry;
- (i) prescribing the responsibilities and duties of the Principal Officers of the Board;
- (j) prescribing the fees payable in respect of accommodation, treatment, instructions, amenities, services or any materials

provided by or at the expense of the Board in a hospital or institution connected therewith, or providing for the manner in which the fees shall be collected, accounted for or disposed of;

- (k) prescribing arrangements for industrial safety precaution and control of fire;
- (l) generally for the purposes of carrying into effect the provisions of this Law.

Hospitals
are property
of Govern-
ment.
GGS 9 of
1984.

31. For the avoidance of doubt it is hereby declared that all Government hospitals and institutions connected therewith, whether existing or to be built in the future, shall remain, or shall be, the property of the Government and vested in the State.

Assignment
of responsi-
bility to a
Local Gov-
ernment.

32. Notwithstanding the provisions of this Law a Local Government shall be charged with the responsibility of such classes of Health Centres as may be specified from time to time by the Commissioner.

Powers of
dissolution.

33. The Governor may on the advice of the Commissioner dissolve the Board or District Management Committee as the case may be upon all or any of the following grounds:-

- (a) maladministration;
- (b) inefficiency;
- (c) deliberate violation of government policies;
- (d) where the Governor is satisfied that the Board or District Management Committee is no longer discharging effectively its functions under this Law.

Section 4.

FIRST SCHEDULE

Further provisions applicable to the State Health Services Management Board:-

Meetings of
the Board.

1.—(1) The Chairman shall preside at all meetings of the Board at which he is present.

(2) If at any meeting of the Board the Chairman is absent, the members

present shall elect one of their numbers to preside at the meeting and such person shall have all the powers of the Chairman for that meeting.

2. If at any time the office of the Chairman is vacant or the Chairman is absent from Nigeria or is incapacitated from exercising his powers or performing his duties, the Governor may appoint some other person to act as Chairman and to exercise those powers and perform those duties during such vacancy, absence or incapacity.

Vacancy in the office of the Chairman.

3. At any meeting of the Board the Chairman and three other members shall form a quorum but if the Chairman is absent from the meeting, any four members shall form a quorum.

Quorum.

4.—(1) The Board shall ordinarily meet for the despatch of business at a place and time appointed by the Chairman and shall hold at least four meetings in each calendar year.

Place and time of meetings, etc.

(2) Subject to sub-paragraph (3) of this paragraph, every question shall be decided by a majority of votes of the members present at the meeting and voting on the question, the Chairman or other person presiding shall have a second or casting vote.

(3) Any question which cannot by reason of its urgency be decided at a meeting of the Board shall, with the written permission of the Commissioner, be decided by the Chairman.

(4) The Chairman before deciding the question shall, if and so far as may be reasonably practicable consult with the other members of the Board or such of them as may be accessible to him, and as soon as may be after taking the decision shall report the question and the decision to the other members of the Board.

GGS 13 of 1985.

5. The validity of any act or proceeding of the Board shall not be affected by any vacancy in the membership of the Board, or by reason that there is some defect in the appointment of a person purporting to be a member of the Board.

Board may act notwithstanding vacancies etc.

6. Where upon any special occasion the Board desires to obtain the advice of any person on any particular matter, the Board may co-opt such person to be a member for such meeting as may be required and such person so co-opted shall have all the rights and privileges of a member save that he shall not be entitled to vote on any question.

Co-option.

7. A member shall not be personally liable for any act or default of the Board so long as the act or default is made in the course of the operation of the Board and in good faith.

Personal liability of members.

Section
21(2).

SECOND SCHEDULE

Further provisions applicable to District Management Committees:-

Meetings of
District
Management
Committee.

1.—(1) The Chairman shall preside at all meetings of District Management Committee at which he is present.

(2) If at any time the office of the Chairman is vacant or the Chairman is absent from Nigeria or is incapacitated from exercising his power or performing his duties, the Commissioner shall appoint some other person to act as Chairman and to exercise those powers and perform those duties during such vacancy, absence or incapacity.

Proceedings
not invali-
dated by
vacancy, etc.

2. The proceedings of District Management Committee shall not be invalidated by any vacancy in the membership of the Committee or by any defect in the appointment or qualification of any member thereof.

3.—(1) District Management Committee shall meet as often as necessary for the despatch of its business and shall hold at least one meeting in every month.

(2) At a meeting of District Management Committee the Chairman and four other members shall form a quorum, but in the absence of the Chairman, any five members shall form a quorum.
