

CHAPTER 59

BAUCHI STATE HEALTH MANAGEMENT BOARD LAW

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CHAPTER 59

BAUCHI STATE HEALTH MANAGEMENT BOARD LAW**A Law to establish a Health Management Board in Bauchi State.**

[B.A.S. 2 of 1978, B.A.S. 5 of 1979, B.A.S. 4 of 1982, B.A.S.L.N. 1 of 1982, B.A.S. 4 of 1988.]

[Commencement: 1st December, 1972]

1. Short title

This Law may be cited as the Bauchi State Health Management Board Law.

2. Interpretation

In this Law, unless the context otherwise requires—

“**Board**” means the Bauchi State Health Management Board established by this Law;

“**Chairman**” means the Chairman of the Bauchi State Health Management Board;

“**Chief Medical Officer**” means the Chief Medical Officer of the Board;

“**Commissioner**” means the member of the Government for the time being charged with the responsibility for Health Services;

“**Committee**” means a District Management Committee;

“**employee**” means any person employed in any capacity by the Board pursuant to the provisions of this Law;

“**functions**” include powers and duties;

“**health care**” means any service for the prevention, control or treatment of diseases;

“**hospital**” means any hospital, convalescent home, clinic or nursing home or associated institutions and Specialist services maintained or controlled by the Government used or intended to be used for the reception and treatment of persons suffering from any sickness, injury or bodily or mental infirmity and for the reception of women in child birth or immediately after child-birth for the purpose of providing such person with nursing, medical or surgical attention;

“**House of Assembly**” means Bauchi State House of Assembly;

[B.S. 4 of 1982.]

“**members**” means a member of the Board and includes the Chairman;

“**Permanent Secretary**” means the Permanent Secretary charged with the responsibility for Health Services in Bauchi State;

“**Secretary**” means the Secretary to the Board;

“**State**” means the Bauchi State of Nigeria;

“**the Governor**” means the Governor of the Bauchi State of Nigeria.

3. Establishment of the Board

(1) There is hereby established a body to be called the Health Management Board which shall be a body corporate with perpetual succession and a common seal.

(2) The Board shall have power to enter into contracts and to acquire, purchase, hold and dispose of property both movable and immovable (in the case of immovable property with the consent of the Commissioner) and may sue and be sued in its corporate name.

(3) The supplementary provisions contained in the schedules shall have effect in relation to the Board.

4. Composition of the Board

(1) The Board shall consist of—

- (a) a full-time Chairman;
- (b) two private members;
- (c) a medical practitioner from the Faculty of Medicine of the University, where applicable;
- (d) a member representing profession allied to medicine;
- (e) the Permanent Secretary or his representative;
- (f) a private medical practitioner.

(2) (i) The Chairman shall be appointed by the Governor.

[B.A.S. 4 of 1982.]

(ii) Other members shall be appointed by the Governor.

(3) Subject to the provisions of section 6 the Chairman and any member appointed under paragraph (b), (c), (d) or (f) of subsection (1) of this section may hold office for such period not exceeding four years.

(4) Notwithstanding the provisions of subsection (3) of this section the Chairman and any member appointed under paragraphs (b), (c), (d) or (f) of subsection (1) of this section, may be eligible for re-appointment.

5. Personal interest of member to be disclosed

Any member of the Board who—

- (a) has, acquires or claims any interest, by way of profits, remunerations or other benefits, in any contract entered into by the Board; or
- (b) will or may have such interest, or any claim thereto, in any contract proposed to be entered into by the Board, if such contract is so entered into shall forthwith disclose such fact to the Board,

and shall not, without leave of the Board, vote upon any question relating to any such contract or proposed contract.

6. Appointment and resignation

(1) Any member appointed under paragraphs (a), (b), (c), (d), or (f) of subsection (1) of section 4 may be removed from office at any time by the Governor.

(2) Without prejudice to the generality of subsection (1) above, if the Governor is satisfied that a member other than the member appointed under paragraph (e) of subsection (1) of section 4—

- (a) is dead; or
- (b) has been absent from three consecutive meetings of the Board without permission of—
 - (i) in the case of the Chairman, the Commissioner; and
 - (ii) in the case of any member, the Chairman; or
- (c) has been adjudged bankrupt; or
- (d) has been convicted of an offence involving or necessarily implying fraud or dishonesty; or
- (e) is incapacitated by physical or mental illness from performing his functions as a member; or
- (f) failed to comply with the provisions of section 5; or
- (g) is otherwise unable or unfit to discharge the functions of a member,

the Governor may revoke the appointment of that member.

[B.A.S. 4 of 1982.]

(3) Notwithstanding anything contained in the instrument by which he is appointed, a member may resign his office by notice in writing to the Governor through the Commissioner, and upon receipt of the notice by the Governor the appointment of such member shall be deemed to have terminated.

[B.A.S. 4 of 1982.]

7. Temporary membership

If a member is—

- (a) temporarily incapacitated by illness;
- (b) temporarily absent from Nigeria;
- (c) absent on leave within Nigeria,

the Governor may appoint any person to hold temporarily the office of the member.

8. Remuneration of Chairman and members

There shall be paid out of the funds of the Board such remuneration if any, whether by way of salary, fees, or allowances for travelling or other expenses to the Chairman and members of the Board as the Commissioner may from time to time determine.

9. Personal liability of members

A member shall not be liable for any act, omission or default by the Board as long as the act, omission or default is done or made in the course of the operation of the Board and in good faith.

10. Advisory body to the Board

The Board shall have an advisory body consisting of the following:

- (a) the Chief Medical Officer;
- (b) the Chief Health Officer;
- (c) the Chief Dental Officer;
- (d) the Chief Pharmacist;
- (e) the Chief Nursing Officer;
- (f) the Chief Radiographer;
- (g) the Chief Technical Laboratory Technologist;
- (h) the Chief Consultant Ophthalmologist.

[BA.S. 4 of 1982.]

11. Functions

(1) The functions of the Board shall be to—

- (a) be responsible for the overall maintenance and management of health services throughout the State within the framework of State and National Health policies;
 - (b) provide information and advice to the State Ministry of Health to facilitate the development of realistic State policies and plans;
 - (c) delegate to District Management Committees such executive responsibilities as it may consider necessary for delivery of health care in the Districts;
 - (d) direct, motivate and control the performance of offices at its headquarters;
 - (e) monitor performance of District Management Committees in delivering health care and take appropriate corrective or reinforcing action when necessary;
 - (f) ensure that progress is in accordance with approved objectives, targets and budgets and that services are being provided with efficiency and economy;
 - (g) undertake general maintenance and minor works services of hospitals, clinics and health institutions, other than training institutions, up to a maximum value of five hundred thousand naira and delegate as appropriate portions of this power to District Management Committees;
- [BA.S. 4 of 1982.]
- (h) ensure co-ordination and integration of the various health care services in the State and, in turn, their co-ordination with those of Local Government Authorities, voluntary agencies and private clinics;
 - (i) ensure there is a balance of health care as between rural and urban population and as between preventive, curative, educative and rehabilitative sections of its functions;
 - (j) provide to Federal and State Government comprehensive statistics of the performance of the State in delivering health care in conformity with Federal and State Government requirements;

- (k) submit request for funds to the State Ministry of Health in accordance with soundly based plans;
- (l) allocate resources to the funding of Districts and resolve competing claims in relation to agreed priorities;
- (m) review continuously existing methods of health care delivery and make suggestions to the State Ministry of Health for new or alternative sources of finance;
- (n) ensure uniformity in conditions of service throughout the State and compatibility with Federal personnel policies;
- (o) employ, promote and discipline all health services staff within its employment, provided it shall delegate to the District Management Committee—
 - (i) power to employ, promote and discipline all staff on levels 01-06 with the right to appeal to the Board in respect of dismissal of permanent staff;
 - (ii) disciplinary powers, other than that of dismissal, in respect of staff above level 06 also with the right to appeal to the Board;
- (p) act as communications channel between the State Ministry of Health and the District Management Committees;
- (q) advise the State Ministry of Health on all aspects of health care delivery;
- (r) receive, investigate and take action promptly upon all complaints from whatever source regarding health service matters within its jurisdiction;
- (s) carry out such other health functions and general directions as may be passed on to it in writing by the Permanent Secretary compatible with its functional autonomy;
- (t) co-operate with Teaching Hospitals and Research Institutes (as applicable) so as to maximise the effective use of resources within the health institutions in the State;
- (u) advise the Commissioner to associate or integrate or take over any private or voluntary agency health institution within the State if it is satisfied that it is in the public interest so to do;
- (v) agree on financial budgets and targets with Districts against which to measure performance;
- (w) advise District Management Committee on the implications of legislation and ensure their understanding of statutory obligations in respect of staff matters;
- (x) induce a high level of morale and motivation throughout the State through the promotion and implementation of sound personnel policies;
- (y) ensure that all health service personnel receive the right amount and level of training to ensure competence in operating and adequate opportunities for advancements;
- (z) maintain regular contact with all professional bodies in the State to ensure constant awareness of staff thinking and attitudes.

(2) The Board shall also perform the following functions:

- (a) approve the Local Governments' bulk purchases of drugs; and
[B.A.S. 4 of 1978.]
- (b) advise the State Ministry of Health on the building of hospitals, health centres and clinics.

12. Power of the Board

(1) In addition to any powers conferred upon the Board by this Law, the Board shall have the following powers, namely the power—

- (a) to make standing orders not inconsistent with the provisions of this Law governing its own procedure and in particular with regard to the holding of meetings, the procedure thereat and the keeping of the minutes thereof, the custody, production and use of the common seal, and opening, keeping, closing and auditing of accounts;
- (b) to delegate the performance of any duty imposed or the exercise of any power conferred upon the Board by or under the provisions of this Law to a committee composed entirely of members of the Board, or partly of members of the Board and partly of persons other than members of the Board;
- (c) to do such things which in its opinion are calculated to facilitate the carrying out of its functions and activities:

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

13. Contract

(1) Any contract or instrument which if entered into or executed by a person not being a body corporate would not require to be under seal may be entered into or executed on behalf of the Board by any person generally or specially authorised by the Board for that purpose.

(2) Document under the seal of the Board

Any document purporting to be a document duly executed or issued under the seal of Board or on behalf of the Board shall unless the contrary is proved be deemed to be a document so executed or issued, as the case may be.

(3) The Board may enter into contracts in respect of all or any of the matters as specified in the schedule.

14. Power to borrow money

(1) Subject to the provisions of this section, the Board may, by issuing debenture, stocks or other securities, or in any other manner, borrow sums required by it for meeting any of its obligations or discharging any of its functions under this Law.

(2) (a) The power of the Board to borrow shall be exercisable only with the approval of the Governor as to the amount of the loan, the sources of the borrowing and the terms on which the borrowing may be effected, and the approval given for the purposes of this subsection may be either general or limited to a particular purpose.

(b) The approval of the Governor for the purposes of this subsection may be subject to such conditions, as he may specify.

(3) A person lending money to the Board shall not be bound to enquire whether the borrowing of money is within the power of the Board.

15. Power of Commissioner to give directions

(1) The Commissioner may give to the Board such general directions as to the discharge by the Board of its function under this Law as appear to him necessary to ensure conformity by the Board with the policy of the Government and the Board shall give effect to any such directions.

(2) The Commissioner may (after consultations with the Board) give to the Board specific directions for the purposes of remedying any aspect which may be disclosed in the arrangements of the Board for the discharge of its functions under this Law and the Board shall give effect to any such directions.

(3) The power conferred by subsection (2) on the Commissioner shall include power to give directions prohibiting or limiting any expenditure proposed to be incurred by the Board which appears to the Commissioner to be excessive or unnecessary.

(4) The Board shall afford to the Commissioner facilities for obtaining information relating to the assets and liabilities and functions of the Board and shall furnish him with returns, accounts and other information relating thereto and shall afford to him facilities for the verification of information furnished in such manner and to such times as he may require.

16. Officers and servants

The Board may—

- (a) appoint such officers and servants as it may determine;
- (b) discipline all persons in employment of the Board;
- (c) pay its officers and servants such remuneration as the Board may determine.

(2) Appointment of the Secretary

The Board may with the approval of the Governor appoint a suitable person who shall be designated the Secretary to the Board.

(3) The Secretary shall be an officer but not a member of the Board.

(4) The Secretary shall conduct the Board's correspondence and keep its records and exercise such other functions as the Board may from time to time direct, and shall be responsible to the Chairman.

(5) All existing staff of the health service shall, so soon after the coming into force of this Law, be deemed to be transferred as employees of the Board provided that all existing staff of the health services shall have the right to exercise option to transfer formally to the services of the Board within twelve months from the commencement date of this Law.

(6) The Board shall, as regards any officers or servants in whose case it may determine to do so, pay to or in respect of them such pension and gratuities, or to provide and maintain for them such superannuation scheme (whether contributory or not) as the Board may determine.

17. Funds and resources of the Board

The funds and resources of the Board shall consist of—

- (a) all such sums as may from time to time be lent or granted to the Board by the Federal or State Government;
- (b) such sums as may be collected or received by the Board in the performance of its functions;
- (c) such sums as may accrue to the Board from its investments and properties;
- (d) such sums as may accrue to the Board from other sources.

18. Accounts

The Board shall keep such accounts and related records as the Commissioner shall direct.

19. Audit

(1) The accounts of the Board for each year shall be audited within three months of the end of the financial year by auditors to be appointed by the Board with the approval of the Commissioner, and the fees for the auditor and the expenses of the audit generally shall be paid by the Board.

(2) As soon as the accounts of the Board have been audited as provided under subsection (1) of this section the Board shall send to the Commissioner a copy of the income and expenditure account and the balance sheet, together with the report of the auditors thereon.

(3) A copy of the audited accounts of the Board shall be served on the Director of Audit for his comments.

20. (1) The Board shall each year make a report to the Commissioner of its proceedings under this Law during the preceding year containing—

- (a) an account of its operation and transactions throughout that preceding year, and
- (b) a statement of the accounts of the Board for that preceding year audited in accordance with section 19.

(2) The Board shall lay before the Executive Council through the Commissioner within seven months of the end of the financial year a copy of the report together with a copy of the report of the auditor and comment of the Director of Audit.

21. Power of the Board to make regulations or by-laws

(1) The Board may with the approval of the Commissioner make regulations or by-laws on any of the subjects or for any of the purposes listed in the schedule to this Law.

(2) The Board may approve any regulation made by a District Management Committee on any of the subjects or for any of the purposes listed in the schedule to this Law.

22. District Management Committees

(1) The Commissioner may appoint one or more District Management Committees to carry out, on behalf of the Board, such of its functions as the Board may determine.

(2) For administrative purposes, the territorial and geographical areas of the State shall be divided into Medical Areas.

(3) For each Medical Area there shall be a District Management Committee.

(4) Appointment of members

The members of District Management Committees shall be appointed by the Commissioner.

(5) There shall be a separate District Management Committee for each specialist hospital so soon as such specialist hospital becomes fully established.

(6) Composition of Management Committees

A District Management Committee shall consist of—

- (a) the most senior Medical Officer in the District;
- (b) the most senior Nursing Officer in the District;
- (c) a representative of each Local Government in the District;
- (d) the Administrator (Hospital);
- (e) representative of the resident medical officer;
- (f) two representatives of the professions allied to medicine;
- (g) two representatives of the local community in the District;
- (h) the most senior Rural Health Worker;
- (i) representative of the Voluntary Agency Health Institution (where applicable);
- (j) the Dean of the Medical School (where applicable);
- (k) the most senior Pharmacist;
- (l) members under paragraph (g) shall hold office for a period of five years and may be eligible for re-appointment.

(8) The Chairman of the District Management Committee shall be chosen from amongst the members.

23. Conduct of business

The conduct of the Committee's business shall be governed by standing orders to be issued by the Board with the approval of the Commissioner.

24. Functions of the District Management Committee

The functions of the District Management Committee shall be—

- (1) to exercise the executive authority delegated to it by the State Health Management Board in providing and managing on a day to day basis the optimum health care within the total resources allocated and against the clearly identified and specific health care needs of the community in the District;
- (2) to identify and define community needs for health care and provisions of services within the community;
- (3) to determine how best to satisfy these needs within existing or available resources;
- (4) to submit to the State Health Management Board policies and plans for provision of services to meet those needs, following discussions with the Local Government Authority and taking account of the views expressed by community representatives;
- (5) to appraise and evaluate continuously the effectiveness of the services provided, with particular reference to—
 - (i) comprehension of care;
 - (ii) degree of integration;
 - (iii) quality of care;
 - (iv) accessibility and proximity of service to those in need;
 - (v) continuity of care;
 - (vi) consumer expectation;
 - (vii) utilisation and development of community resources;
- (6) to interpret information provided from all sources and plan modification to health services accordingly;
- (7) to produce a comprehensive long term community health plan for the District;
- (8) to ensure that any matter requiring a State level policy decision is referred to the Health Management Board;
- (9) to arrange when necessary, specialist services beyond the District in agreement with the State Health Management Board;
- (10) to collaborate with the Local Government Authority in operating all personal health services;
- (11) to monitor the effectiveness of all services provided within the District;
- (12) to take corrective and reinforcing action on deviations from plans;
- (13) to maintain and repair buildings and equipment within the District;
- (14) to provide adequate ambulance services in the District;
- (15) to prepare annual budgets for all revenue and minor capital expenditure in consultation with all health units in the District;

- (16) to ensure that the District operates within the financial constraints imposed by the State Health Management Board within agreed budgets;
- (17) to seek the authority of the State Health Management Board for schemes requiring major capital outlay;
- (18) to ensure observance of all existing statutory requirements;
- (19) to provide the State Health Management Board with regular performance reports and a full annual report;
- (20) to seek actively the community's views on health services through appropriate representative bodies;
- (21) to advise appropriate local authorities to provide adequate personal social services, housing, transportation and other community services in order to contribute to the total health care of the community;
- (22) to receive, investigate, and take action promptly on any complaints from members of the public on the health services provided in the District;
- (23) to employ, promote and discipline all staff on level 01-06 but, in respect of dismissal of permanent staff on such salary scales there will be right to appeal to the State Health Management Board;
- (24) in respect of all other staff working within the District, the Committee shall have delegated to it by the Board disciplinary powers, other than those of dismissal, provided that it can recommend dismissal where necessary to the Board, and provided also that any officer of this grade so disciplined shall have the right of appeal to the Board;
- (25) to ensure observance of all existing statutory requirements;
- (26) to ensure the provision of effective educational training and development programmes for all employees;
- (27) to ensure that employees' morale and motivation are maintained at the highest possible levels through the provision of progressive and dynamic personnel policies;
- (28) to ensure that employees' morale and motivation are maintained at the at the highest possible levels through the provision of progressive and dynamic personnel policies.

25. Adviser to the Committee

(1) Each District Management Committee shall have a Principal Medical Officer as adviser to the Committee.

(2) There shall be a Chief Nursing Officer and Principal Pharmacist in each District Area who shall assist the Principal Medical Officer in his duties as adviser to the Committee.

26. Secretary to the District Management Committees

Each District Management Committee shall have a Secretary who shall have appropriate accounting and other supporting staff.

27. Special provision in respect of specialist hospitals

(1) In respect of a specialist hospital the District Management Committee shall be assisted by an advisory or consultative committee consisting of—

- (a) the Heads of various departments of the hospital;
- (b) the Chief Nursing Officer in charge, and
- (c) the Principal Pharmacist in charge of the hospital.

(2) In respect of a specialist hospital, the members of the consultative committee shall elect one among the specialist consultants or Heads of Departments to be the head of the hospital for a period of twelve months and may be eligible for re-appointment.

(3) In respect of a specialist hospital, the Secretary to the District Management Committee shall be the administrative officer of the hospital.

28. Consultative committee to assist District Management Committees

A District Management Committee shall be assisted by a consultative committee consisting of the most senior Medical Officer in charge of the hospital in the area.

29. Sub-committee

(1) A District Management Committee shall have power to appoint a sub-committee consisting of at least one of its members and up to three but not more than four of the members of its advisory or consultative committee.

(2) A decision of a sub-committee appointed under this section shall be of no effect until it is confirmed by the District Management Committee.

30. Co-ordination of work by Management Board

The Board shall be responsible for the co-ordination of the work of all District Management Committees and in particular of minor capital works, development and maintenance.

31. The seal of the Board

The fixing of the seal of the Board shall be authenticated by the signature of the Chairman or of some other members authorised generally or specifically by the Board to act for that purpose.

32. The Commissioner to visit health institution

The Commissioner or his duly authorised representative may at any time visit and inspect any health institution in the State.

33. Transitional provisions

During the period of transition, and so soon after the coming into force of this Law, the existing scheme of service for various grades of serving officers in the Medical Service and all existing regulations for the time being in force shall remain in force until such time as the Board shall make appropriate regulations and orders.

34. Governor's special powers

(1) The Governor supported either by at least two consecutive unsatisfactory Annual Reports or on a very special occasion of grievous nature may vest any or all the powers and/or functions of the Board to—

- (a) an administrator for the purpose of—
 - (i) re-organisation of the Board's management, its structures, powers and functions for better results;
 - (ii) taking care of the very special grievous occasion;
- (b) one or more government Ministry, department or statutory body.

(2) Whenever the provisions of subsection (1) of this section are invoked nothing whatsoever shall affect the rights, duties and obligations existing immediately before such invocation.

(3) Whenever the provisions of subsection (1) of this section are invoked the Ministry, department or body shall take over assets, liabilities and automatically be conferred with the right, duties, obligations and powers to it and shall assume responsibility of the staff consequently taken over.

(4) For the purposes of this section it is within the discretion of the Governor to determine what constitutes a very special grievous occasion and what the Governor so determines will not be challenged in any court of law.
