

AIRGRAM

DEPARTMENT OF STATE

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Sept. 14, 1971.

SUBJECT **Non-Capital Project Paper (PROP) Family Health Training Project, 620-11-580-789**

REFERENCE

Country : Nigeria

Submission Date : August 1971

Project Title : Family Health Training

Project Number : 620-11-580-789

U.S. Obligation Span : FY 72 - FY 74

Physical Implementation Span : 2nd half FY 72 - 1st half FY 73

Financial Requirements

U.S. dollars	\$ 828,000
Cooperating country	141,000
Total	\$ 969,000

Attachments:

- Table I - Non-Capital Project Funding
- Table II - Detailed Project Budget
- Table III - Budget for Personnel Costs

Enclosures:

- 1) Manual of Procedures of Gbaja Family Health Clinic
- 2) Report on Work of Gbaja Family Health Nurse Clinic, June 1970-March 1971
- 3) Booklet entitled "The Gbaja Family Health Nurse Project",
by John Wellman

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DRAFTED BY G.Q. Wilson:mlg	OFFICE FRM/OS	PHONE NO.	DATE 9/9/71	APPROVED BY: A/DIR: John Hanson
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I. Goal

The goal of this project is to increase receptivity to family planning in Nigeria through improving the system of delivering health care to children under five years of age. The project is predicated upon the concept that family planning in many developing countries can best be accomplished by integrating it with the provision of maternal and child health services. The basic hypothesis is that the provision of integrated preventive and curative child health services will produce healthy children and that then each healthy child can be used as an educational aid in family planning education, i.e. ultimately the mother will recognize that her children are healthier, that they are surviving, and that the same number of pregnancies produces, therefore, a larger family which she must support. From this realization and from knowing that something can be done to prevent pregnancies, she should begin to practice family planning.

The approach taken here was endorsed by the State Department and Africa Bureau in a FY 71 instruction to Ambassadors and AID Directors regarding "Population Programs in Africa" (AIDFO CIRC A-1491 of July 11, 1970). That instruction stated that current emphasis for most of Africa should be on the "quality of life of the family". The instruction further stated that at the present time in many countries, family planning is most readily understood and accepted by Africans when provided as part of broader programs to improve the health of mothers and children; thus improvement of public health services and their ability to reach more Africans may have the greatest potential for making information and assistance on child spacing available to them. This approach has also been endorsed by the World Health Organization which stated in a 1969 report: "The outcome of pregnancy bears a direct relation to family planning. Families will accept family planning only when foetal, infant and child mortality rates are reduced. Improvement of the health of mothers and children is therefore a prerequisite for family planning." ^{1/}

Here in Nigeria, this approach is supported by members of the medical profession. In its request for technical assistance for this project, the Institute of Child Health at the University of Lagos, institutional sponsors of this project, stated the following: "Where maternal and child health services are introduced, they must be accompanied by sufficient and vigorous instruction and service in family planning. The average mother in Nigeria today may have eight to ten live births during her child-bearing period, of which, tragically, four to five infants may die within the initial five years of life. Experience in Nigeria has shown that with the introduction of substantial pediatric services into an area, the majority of these infants survive, so

^{1/} World Health Organization, Technical Report Series Number 428, "The Organization and Administration of Maternal and Child Health Services", 1969, p. 19.

mothers find themselves with eight or nine surviving children instead of the anticipated four or five. While this may be a blessing and joy for some families, it becomes an intolerable financial and social burden for others. For this reason, the Institute of Child Health puts emphasis on family planning, health education and child care, so that parents may have healthy families and also choose the size of the family they feel able to support." Available evidence drawn from studies carried out by the Department of Community Health, University of Lagos Medical School, suggests that mothers in Nigeria who have been exposed to a comprehensive child care facility are more likely to practice family planning, are more knowledgeable about the various techniques, and want slightly fewer children than a random sample of Lagos mothers.^{1/}

A corollary of this approach is that, where there is a shortage of physicians, medical auxiliaries can be relied upon as the principal agents for delivering better health care to children. As stated by the Institute of Child Health: "Experience in Nigeria has shown that where adequate training is provided, maternal and child health facilities in various parts of Nigeria can be greatly strengthened and enlarged through the primary use of para-medicals (principally nurses and midwives), with the doctor remaining in the background. While the doctor/population ratio in Nigeria may be 1:30,000, the ratio of nurses and midwives to total population is much more favorable and may be in the neighborhood of 1:5,000. Expansion of vital medical facilities throughout Nigeria thus gives promise of being much more rapid if based more extensively on para-medicals, while the services of the doctor are thus conserved for specialized and acute cases."

Programs and research in Nigeria have confirmed the soundness of this approach. Two pilot projects are operating: one in Ilesha in Western State and one in Lagos - the Gbaja Family Health Nurse Project Clinic.^{2/} Both projects are attempting to provide an integrated preventive and curative child care services along with family planning, motivation, counselling and referral using a specially trained nurse (the Family Health Counsellor) as the primary agent. Both projects have been evaluated and data is available to demonstrate the following results: (a) preventive and curative services are well integrated, with approximately 50% of the registered children fully immunized; (b) project children are healthier

^{1/} See "Report on the Work of the Gbaja Family Health Nurse Clinic, June 1970 - March 1971, Part IV, p. 26. 56.8% of Lagos mothers randomly sampled in 1968 wanted 6 or more children or "as many as come". 28.9% of mothers bringing their children to Gbaja wanted 6 or more children or as many as come. There is no data available to match the women's responses as to number of children with their actual family size or their practice of family planning.

^{2/} The Gbaja Family Health Nurse Project Clinic was developed with AID assistance under a grant to Johns Hopkins University (AID/cad 1939) which terminated in June 1970. The clinic is presently operating and will be used as a training site for the project discussed herein. According to the project's report for the period March 1970 to June 1971, the clinic is servicing 10,000 children representing 3,000 families.

than the population from which they had been selected, as measured by attained weight and arm circumference; and (c) their mothers are more motivated towards family planning than mothers of the control group.^{1/}

USAID is confident that the climate is propitious for an AID assistance project in the area of population/family planning. Although we recognize that the child health approach is one of several possible avenues to the provision of family planning services, it is the approach which is desired by Nigerian authorities at the present time. The year 1970 has seen the launching of the four-year Nigerian development plan (Second National Development Plan 1970-74), in which the country has attempted to set out in clear terms its hopes, aspirations, and expectations of the next four years.

The Four Year Development Plan notes that although demographic data are scanty for Nigeria, available evidence suggests an annual growth rate of about 2.5% and adds (page 78): "During the Plan period, the Government will pursue a qualitative population policy by integrating the various family planning schemes into the overall health and social welfare program of the country. Families would have access to information, facilities and services that will allow them freedom to choose the number and spacing of their children. The work already done by the Family Planning Council of Nigeria has contributed much towards preparing some communities for family planning services."

Plans appear to be moving ahead to establish at the federal level a National Population Council to implement the population policy and program and to coordinate all external aid support for family planning activities throughout the country. During 1971 a Seminar on Nigerian Population Problems and Policies was convened by the Demographic Unit of the University of Ife and attended by representatives of the universities, voluntary agencies, aid donors and federal/state ministries of agriculture, economic planning and health. The tenor of the debate has already been reported (TOAID A-193 dated June 11, 1971). There was general support of the Government's present population policy as the proper approach for Nigeria at the present time. We do consider it significant that the first GON request for direct AID assistance to a project in the family planning/population field, the project discussed herein, was received within months of the seminar after at least three years of spade work by Mission Population Officers.

The pace of activity in the field of population/family planning has quickened in recent months. As part of its four-year development plan, the Government of Western State announced that it would "give active support" to family planning schemes within the state by providing funds to interested organizations and institutions and by planning to integrate family planning

^{1/} Wellman, John, the Gbaja Family Health Nurse Project (Baltimore, Maryland: Department of International Health, Johns Hopkins University, June 1971), pp. 11-111, 14-21.

into the programs of all medical institutions in the state (Daily Times of Nigeria, June 21, 1971). The University of Ife has announced that its Demographic Unit would be upgraded to Institute status in the near future thereby making it capable of offering degrees and certificates. The Demographic Unit announced a national family planning KAP study beginning in September 1971. The Demographic Unit is also interested in joining the POPLAB program which is being sponsored by the University of North Carolina with AID assistance (AID/csd 2495).

The training program being described will assist in providing the critical mass of health professionals to implement a national system which integrates pediatric and family planning services, be it government-supported or voluntary.

II. Purpose

The purpose of this project is to use nurses and midwives as primary deliverers of health services to children under five years old and as dispensers of family planning services and counselling to the mothers of these children, first in an urban community in Lagos, secondly at a rural site near Lagos, and subsequently at other locations in Nigeria which will be selected during the course of the project. A training program for nurses and other medical personnel and a model pediatric/family planning clinic will be operated. The nurses trained will be capable of training others and setting up model clinics in their home areas, and the program will provide consultants to ministries of health and communities desiring to establish model clinics. The impact of the training provided on under-five health services nationwide will depend on state ministries of health accepting the system which the nurses are taught and budgeting the funds necessary to duplicate the model Lagos clinic in other localities in Nigeria. There is also a possibility that the Institute of Child Health may receive external assistance from other sources to assist in financing replication of the model clinic, i.e. buildings, furnishings, audio-visual aids, medicines and contraceptives. On a recent visit to Nigeria, a representative of the United Nations Fund for Population Activities (UNFPA) expressed considerable interest in assisting with the establishment of a model clinic in at least one of the northern states.

The measures of success of the training provided will be that nurses and other medical personnel are released from their jobs for training in sufficient numbers to operate classes at capacity. They return to their jobs following training and continue to practice the techniques learned and they achieve results in their work which are comparable to the model clinic's results in terms of impact on children's health and mothers' attitudes toward child spacing.

Qualitative indicators of success of improved child health services will be found primarily in the behavior of mothers who should:

1. Come to regard the clinic as a comprehensive (sick and well baby) facility: mothers will thus bring all their children to the clinic on a regular basis;

2. Evidence increased understanding of childhood diseases and of what can be done in the home by way of feeding, hygiene and administration of simple medications to prevent illness;

3. Evidence increased understanding of contraception and avail themselves of family planning services.

The major research task of the project will be to establish the relationship between attendance at a comprehensive child care facility and the following variables relevant to the mothers: number of children desired, number born, and whether family planning is practiced. The project includes a local staff of interviewers/evaluators and a consultant sociologist/demographer to develop and implement an evaluation program.

Some of the indicators of improved child health are the following:

1. All childhood immunizations and tests administered - triple antigen, BCG, deaf test, polio, measles, smallpox;

2. Improved performance on height, weight, arm circumference measurements using "normal" baselines already developed for Nigerian children;

3. Continued and regular clinic attendance for the first five years of life;

4. Reduction in the under-five mortality rate for the clinic population below 30% in Lagos and 57% in rural areas, the 1965 rates reported by Wellman, p. 11.

5. In addition, the cost of operating a clinic which achieves such results should be realistic in terms of the outlays on pediatric services which are probable in Nigeria's states.^{1/}

In order to achieve the purpose of using nurses and midwives as primary deliverers of health services to children under five years old and as dispensers of family planning services and counselling to the mothers of these children, it would be necessary to train people in large numbers. There would need to be at least one doctor/nurse/midwife team at each of 4000 registered medical/health establishments in Nigeria including at least one Family Health Counsellor at each of 1000 maternity homes.^{2/} We do not expect to train this many people

^{1/} An investigator for the Lagos State Ministry of Health estimated the cost per patient of the Gbaju Family Health Nurse project as \$10 in 1968; the average outlay of state ministries of health on pediatric services in 1968 was about \$1.

^{2/} Number of facilities based on Lagos State Government, Ministry of Health and Social Welfare, Medical Statistics Division, "Health Manpower and Facilities in Nigeria: 1960-1969", December 1970.

during the three years of AID assistance proposed here; however, the capacity of the Institute of Child Health and its associates to continue running a training program should be well-established by the time technical assistance is completed.

At the end of this project, it is expected that one hundred nurses and nurse widwives (about 35 each year) will have passed through the four-month course to be offered by the Institute of Child Health and returned to their positions at health institutions in Nigeria as Family Health Counsellors or Senior FHC's.

To support the nurses trained it is also proposed to run courses of varying lengths for medical students (one-week course), house officers or residents (medical students) (three-month course), practicing physicians (one-week course), community nurses (one-week course), and health center superintendents enrolled at the World Health Organization Training Center for Health Services Personnel located in Lagos (one-week course) in how to utilize Family Health Counsellors. About 150 of these types of persons will be trained each year.

While we realize that simultaneous courses for nurses (counsellors) and other types of health personnel, as in a similar project in Ghana, would be more economical, at least in the first year the courses will be sequential; nurses in training from January to April; other categories of personnel from June to August. The period from August to December will be used to follow up the nurses who have completed the course on their jobs. The contractor should encourage the Institute of Child Health to run the course for nurses at least twice a year if possible.

A training manual based on Attachment A ("Manual of Procedures") will be tested and improved as necessary for each category of personnel to be trained. Appropriate audio-visual aids will be developed for teaching and clinic use.

Thus the major output of the project will be the Family Health Counsellor and the Senior Family Health Counsellor, both of which will be given four months of training. The course will be offered for the first time in January 1972. The Family Health Counsellor will be drawn from community nurses and Nigerian Registered Nurses and will be trained for the following purposes in a four-month course:

1. Health appraisal of a child

To be able to recognize a sick, malnourished and underdeveloped child; to use common diagnostic aids such as auriscope, spatula and torch, simple hemoglobin-meter; to reach a decision regarding the child's illness.

2. Treatment of minor ailments

To be conversant with the medicines used in treating minor and common conditions in childhood in Nigeria, such as aspirin, nivaquine, sulphamide, cough mixtures, vitamins, etc., their dosage, important side effects and antidotes and to be able to use them in managing these conditions.

3. Preventive measures

To know all the preventive measures required by and available to a child in Nigeria, their timing, and their indications. She should know how to administer them and recognize their side effects and be able to explain them to mothers.

4. Health education

She will be trained to give health talks on nutrition, infant feeding, hygiene, the general care of a baby, etc., and also be able to give feeding and child care demonstrations; to explain various contraceptive devices.

5. Family planning

She will be trained in the administration of advice and service in the most common clinical contraceptive methods, including a minimum of 50 pelvic examinations and 20 IUD insertions per trainee.

6. Health administration

She will be trained in the use of simple records and in providing continuity of care to facilitate ongoing evaluation of her activities. These methods of keeping records have ~~some~~ already been worked out for the Gbaja Clinic.

The Senior Family Health Counsellor will be drawn from the more highly-trained and experienced State Registered Nurses and experienced midwives with additional qualifications as district nurses, health visitors and/or public health nurses and will be versed in all of the above in greater depth plus the following:

1. The organization and management of a Family Health Unit.
2. The supervision of staff employed in such a Unit including training of nurses and auxiliaries to run such a Unit.
3. The evaluation of programs and activities.

Inputs: A three-year program of technical assistance is proposed herein to be implemented under a comprehensive contract with an American school of public health financed by AID from Title X funds. ✕

The Institute of Child Health will need the following external assistance: salaries/allowances/transportation for American advisors and consultants; training in the United States for Nigerian staff; procurement of contraceptives, clinical instruments and teaching equipment; payment of salaries for local project personnel and other local costs.

American advisors: It is proposed that one advisor - a specialist in training - be recruited by an American university contractor to remain with the project on a full-time basis for two years and to be available as a short-term consultant to the project (about 3 months) in the third year. This person will be the operational head of the training program responsible to the director of the Institute of Child Health. It is also proposed that three consultants in the areas of nursing, research/evaluation, and the organization of clinics be provided for 3 months a year in each of the three years. The estimated number of man-months to be provided is 54 or 4.5 man-years. It is expected that the personnel provided will be staff members of a university's department of public health. The ideal staff member to serve as a consultant would be one who could spend two months in Nigeria while the Family Health Counsellor training course is in progress plus one additional month. The consultants will teach courses, develop curricula and supporting materials, and provide on-the-job training to counterparts. The training advisor, other consultants and Nigerian counterparts will also follow up trainees on the job, promote the program to health ministries and assist on request those ministries wanting to have similar clinics.

Fellowships: The senior Nigerian staff will be trained in the United States in the contracted institution. There will be six contract participants for one-year non-degree courses in relevant public health disciplines, i.e. clinic administration, training administration, health education. These participants, when they return, will assume the following posts in the project: co-director for training (2); co-director for nursing (2); co-director for research/evaluation (1); co-director for clinics (1). Also included in this project is a small project-related participant training component to be administered by USAID for population/family planning participants which may be requested by the GON.

Commodities: Detailed commodity lists will be drawn up by the Institute of Child Health and the U.S. contractor. The project budget proposes \$140,000 for teaching aids, clinical instruments and contraceptives.

Other costs: There is a large other cost element consisting primarily of professional salaries of local employees. The Mission realizes that this is not the type of expense that AID usually finances; however, the Institute of Child Health has been unable to get the University of Lagos to increase its staff allocation in time to hire the people necessary to begin this project by January 1972. During 1970-71, 5 professionals have been hired and 15 interviewers transferred to this project from the Department of Community Health.

Their salaries have been paid from a one-year UNFPA/WHO grant which expires in September 1971 and probably will not be renewed.^{1/} It is planned that the University will assume all of the local salaries by the end of the third year. It is doubtful that the University could be pressed into creating new staff positions and budgeting for them in time to take in the first class of 35 nurses in January 1972. We believe that local costs financing is justified in this case for the purpose of getting the project started. From the beginning of the project, the Institute of Child Health will pay the salaries of local supporting personnel as outlined in Table III (Budget for Personnel Costs). Other local costs to be met from project funds provided by AID are improvements to the clinic building and rental of about six houses to use as hostels for the trainees.

V. Implementation Schedule

The training program is scheduled to begin in January 1972. The Mission is electing not to submit a detailed implementation schedule at this time. We believe the project design could benefit from a review by an AID/W expert in health education and health program administration. It is desirable that the consultant visit Nigeria before the PROP is reviewed formally by the Africa Bureau so that his/her recommendations could be incorporated into the project design. Besides looking at the proposed training program itself, we would want the consultant to visit state ministries of health, assess their willingness to send their staff for training and the likelihood of their adopting over the next three years the system of pediatric care/family planning which is being advocated here. If the consultant concludes that promotion is necessary, the project design might be modified to include a system of orientation for commissioners of health and principal medical officers.

Following PROP review and approval, it is requested that proposals be sought from several schools of public health in the U.S.; among the possibilities are Meharry Medical College, Harvard, Johns Hopkins, the University of Chicago and UCLA.

VI. Note on the Institute of Child Health, University of Lagos

The Institute of Child Health was established in 1962 and became a semi-autonomous research unit of the University of Lagos in 1969. The Institute's ~~same~~ annual budget is about \$60,000. Its objectives are:

1. To undertake research into the causation, prevention and treatment of prevalent childhood diseases with a view to reducing child mortality to the barest possible minimum;

^{1/} The UNFPA/WHO has decided to look for other technical assistance opportunities in Nigeria in the P/FP area since the GON requested USAID assistance for this project. The UN organization is, moreover, interested in participating in the establishment of clinics (see p. 5).

2. To serve as a link among the Federal and Lagos State Ministries of Health, the Lagos City Council Health Department, the College of Medicine, University of Lagos, and the Lagos University Teaching Hospital for the co-ordination of all activities in the field of child health with a view to eliminating the artificial division and separation of preventive and curative service and overcoming the isolation in which the various units in maternal and child health services are working.

It is the latter objective which justifies the Institute's sponsorship of the Family Health Training Project which utilizes the clinic facilities of the Lagos State Ministry of Health and teaching space of the College of Medicine and draws upon the professional resources of two departments of the College of Medicine - Pediatrics and Community Health. The Director of the Institute is also chairman of the Department of Pediatrics, College of Medicine.

Present research projects being conducted by the Institute include a study of the social causes of malnutrition in Lagos, an evaluation of the Lagos State Tuberculosis Detection Project, and a study into the cause of convulsions among children in Nigeria.

Up to 1969/70 the Institute has not had permanent professional staff but has drawn the staff for specific projects from the College of Medicine and secondment by the Lagos State Ministry of Health. In 1970/71, a local staff numbering 20 professional and clinical people has been paid from UNFPA funds. The personnel taken on for this project will, however, occupy established posts and their salaries absorbed into the Institute's budget over the three-year period of this project.

In anticipation of USAID assistance and utilizing a very flexible grant provided by the UNFPA/WHO for 1970-71, the Institute developed the training manual attached and invited four nurses from the Ministry of Health, Northeastern State, to Lagos for a trial of the Family Health Counsellor training course from January to April 1971. A representative of an aid donor organization which is active in the P/FP area in Nigeria recently visited Northeastern State and observed the Family Health Counsellors on the job. He reported that they were indeed ably demonstrating the techniques learned in Lagos. More importantly, he reported that their supervisor, the State's Chief Medical Officer, has recommended that the Ministry send more nurses to the course and adopt the Gbaja plan in all its hospitals. The Institute of Child Health plans to follow up on Northeastern State's interest by offering consultants to help in organization of Northeastern State's clinics.

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TABLE I

A. Non-Capital Project Funding
(\$ 000)

PROP Date: August 1971
Original: X
Proj No: 620-11-580-789

Country: Nigeria

Project Title: Family Health Training

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FISCAL YEARS	Ap	L/G	Total	Cont	Per Services		Part.		Comm.		Other Costs		
					AID	PASA	Cont	AID	Cont	AID	Cont	AID	Cont
Oper FY 72	Title X	G	294	294			75		14		60		145
Bud FY 73	Title X	G	289	264			100	25	15		40		109
FY 74	Title X	G	245	220			90	25	15		35		80
TOTAL LIFE			828	778			265	50	44		135		334

B. Cooperating Country Contribution^{1/}
(\$ 000)

FY 72	33	(\$31,000 for local salaries, \$2,000 international transport for participants)
FY 73	42	(\$40,000 local salaries, \$2,000 international transport for participants)
FY 74	<u>66</u>	(\$64,000 local salaries, \$2,000 international transport for participants)
TOTAL	141	

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^{1/} Host country will also provide housing for American personnel.

TABLE II

DETAILED PROJECT BUDGET (580-789)
(\$ 000)

<u>ITEM</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>TOTAL</u>
Salary, allowances, travel for U.S. personnel	75 (15 mm)	100 (21 mm)	90 (18 mm)	265
Participants	14 (2)	40 (including \$25 for AID)	40 (including \$25 for AID)	94
Commodities	60	40	35	135
Contraceptives	40	30	30	
Other: teaching materials, etc.	20	10	5	
Other Costs	145	109	80	334
Local salaries (see Table III)	100	90	70	
Hostel rental	20	17	8	
Clinic improvements	25	2	2	
TOTAL	294	289	245	828

TABLE III

FAMILY HEALTH TRAINING PROJECT
BUDGET FOR PERSONNEL COSTS ^{1/} (\$ 000)

	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>
Nigerian Professionals ^{2/}			
Director*	2	2	-
Asst. Dir. - Clinics	6	6	6
Asst. Dir. - Clinics	6	6	-
Asst. Dir. - Training	5	5	5
Asst. Dir. - Training	5	5	5
Nurse Tutor	3	3	3
Nurse Tutor	3	3	3
Physician	5	5	5
Physician	5	5	5
Physician	5	5	5
Physician	5	-	-
Health educator	4	4	4
Health educator	4	4	-
Clinic Nurse	2	2	2
Clinic Nurse	2	2	2
Clinic Nurse	2	2	2
Clinic Nurse	2	2	2
Clinic Nurse	2	2	2
Clinic Nurse	2	2	2
Clinic Nurse	2	2	2
Clinic Nurse	2	2	2
Clinic Nurse	2	2	-
Clinic Nurse	2	2	-
Clinic Nurse	2	2	-
Clinic Nurse	2	2	-
Clinic Nurse	2	-	-
Clinic Nurse	2	-	-
Consultant*	2	2	2
Consultant*	2	2	-
Interviewers	8	8	8
Pharmacist*	2	2	-
TOTAL	<u>100</u>	<u>91</u>	<u>67</u>

^{1/} Following FY 72 where blanks are shown, Institute of Child Health paying salary.

^{2/} The Institute of Child Health will also employ local supporting personnel as follows - 6 clinic assistants, 1 attendant, 2 laboratory assistants, 1 driver/projectionist, 3 drivers, 1 admin asst, 3 secretaries, 4 clerk-typists, 1 storekeeper and 4 messengers - approximately \$11,000 (\$31,000) per year.

* Partial salary only, based on 20% of time spent on project; other Nigerian salaries full except pharmacist 50% of time on project.