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**9. ABSTRACT**

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

These are phases through which DEIDS projects proceed:

- a) Phase I -- reconaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
- b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
- c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

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NIGERIA

DEIDS Reconnaissance

Sept.26 - Oct.7,1973

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DEIDS Reconnaissance  
Sept. 26 - Oct. 7, 1973

SUMMARY AND RECOMMENDATION

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## SUMMARY AND RECOMMENDATION FOR NIGERIA\*

The Scene

The bustling, dynamic and seemingly purposeful atmosphere dominating the capital city of Lagos is reflected in the other two principal places visited: Kano and Jos. Nigeria is unlike most developing countries except perhaps Brazil. Though the magnitudes differ, Nigeria is a big, rapidly developing society and exudes the confidence that size and strength seem to lend to its citizens. It has size in numbers of people, perhaps as many as seventy million (to be ascertained this year). It has wealth in the development of its agricultural resources and in its bonanza of petroleum. Importantly, the oil revenues are being shared by the country at large and being put into general development uses. The military government of General Gowon appears durable and is exercising a unifying force on the several major regions of the country by the development of twelve recently created states in lieu of the original four regions.

The country is a geographic mix combining tropics and savannah. It is also a vast ethnological mix with three major tribal groupings and many smaller ones. The recent state divisions provide opportunities for a healthier balance of the forces of the competing tribal groups.

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\*This paper plus two references will serve as the basic introductory material for Nigeria. They are: Area Handbook for Nigeria, Foreign Area Studies of American University; and Syncretism, C of Health, June 1973, by the International Division of H.E.W.

Observations

The Federal Ministry of Health officials and the State Ministries of Health for Kano and Benue Plateau were cordial, interested and quite helpful in assisting the team in its exploratory role. USAID/Nigeria staff in a quietly effective manner facilitated the effort. University of Lagos' Institute of Child Health assisted ably throughout the visit. All of the critical operational and directive personnel interviewed were pleased with the opportunity to cooperate with the team and did their best to persuade the acceptance of Nigeria as a DEIDS project site. More importantly, they demonstrated a capability to support a DEIDS effort and have plans underway for a health delivery system that suggests much of the DEIDS program.

The team visited the University of Lagos Department of Community Medicine, Institute of Child Health, the Federal and two State Ministries of Health, numerous rural and a few urban child care centers, other health centers, Society of Medicine, WHO staff, personnel concerned with fiscal and local authority concerns. All relevant parties were contacted to assure the validity of the observations of the team. The field visits to Kano and Benue Plateau States provided the team with a cursory view of the range and scope of the nation and its diversity.

Nigeria's Second National Development Plan calls for a "Qualitative Population Policy" by integrating various family planning schemes into the country's overall health and social

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welfare programs. Family planning instruction and contraceptives are permitted by the government and dispensed by various clinics. These limited birth control programs have enjoyed a limited response. The recipients interest is concentrated on child spacing per se rather than family-size limitation.

There appeared to be a tendency on the part of health officials to 'tell' local authorities what they would and would not do. In shortage situations, the distribution of a scarce commodity, health care, is welcomed on almost any basis. The sound development of a health system will require participation and involvement of local officials and citizens. Health people are as yet unaccustomed to this kind of procedure and will have some difficulty accommodating.

Use of para-medics or medical auxiliaries is gaining acceptance and support. More than passing interest is accorded village mid-wives and traditional healers by the health professionals. Some upgrading training programs were underway for traditional midwives but on an unofficial basis. University of Lagos is sponsoring a national conference on the Science of Traditional Medicine late this year thus according a special kind of creditability to what in many places is either ignored or rigorously eliminated.

The following tabulation summarizes the team's comparisons of the two sites suggested by FMOH\*. It is important to note FMOH's preference for Benue Plateau.

<u>Items</u>	<u>Benue Plateau</u>	<u>Kano</u>
Interest in DEIDS	High	High
Commitment to health programs	Good and developing	Developing**
Institutional base	In place and developing	Under development
Manpower	Core staff in place and additional in training	Skeleton staff and others in training
FMOH interest	Recommended site	- - -
Health planning	Excellent plans in review stage	Concepts - no plans available
Support for Phase II	Available	Problematic
Counterparts	Available	Problematic
Transport	Available	Problematic
Housing	Available at sites	Available in Kano
Financing Phase II	Available and will be programmed if notified before end of November	Available
Family planning	OK but don't advertise	OK only under rigorous constraints
Nutrition	Evidence of health education effort	Plans in discussion phase
MCH	Centers in place and more planned	Few in construction and others in plans
Population of suggested area	Pankshin ('63) 250,000+	Danbatta ('63) 50,000+

\*The following information also holds partially of tabulation of health personnel in target states supported but not established small rural health and cancer

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The short and intensive exposure to Nigeria provided the team with evidence that there was official interest in a DEIDS effort at the national and state levels, indicated that there was an adequate institutional base to develop the delivery system, manpower resources were available and more being programmed through the training pipeline (numbers and names, not just estimates), financing and facilities seemed to be available, training facilities operational, and, surprisingly, in the case of Benue Plateau State a plan for a DEIDS like effort has been under consideration for the past few years (developed with WHO help). DEIDS support would get it underway.

The rather special constraints of the DEIDS project were enumerated in each interview and at no time was exception taken to them or were there indications that this approach was not up to other external assistance standards! Insofar as official statements of support are concerned Nigeria appears ready to go into Phase II to further explore and develop the concept. A formal written request from Benue Plateau State was transmitted to the Federal Ministry of Health before we left the country and the FMOH assured us that its acceptance and transmission through USAID to AID/W was largely a matter of form in view of FMOH initial request

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for a DEIDS team visit and its preference for Benue Plateau State.

DEIDS Criteria: Favorable

It is the considered judgment of the team that Nigeria offers a site for a DEIDS effort meeting the essential criteria of the project: establishment through detailed planning, trial, and evaluation of a practical program for the development of a delivery system through which maternal and child health, family planning and nutrition services can be made available to the majority of the population in a defined area. Said program would be practical in terms of country and local resources and would have the potential for continuity of operations in the absence of continuing external resources. The program would provide a model for national planning as well as a prototype for development of services throughout the country, and with adjustments, serve as models for other countries.

With particular attention to DEIDS criteria:

Apparent wealth of recent health literature on Nigeria

Local and national data are available to provide the quantitative and qualitative data to initiate activity;

Proposed pilot areas can be inventoried and judgments made about potential replication throughout

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the state as well as the nation;

Efforts are underway for the development of more adequate coverage of the health delivery system and the DEIDS project would expedite the effort through its incremental inputs of technical assistance and evaluation-feedback;

Second National Plan emphasises health needs and makes provisions for them; Third Plan will continue emphasis and augment them;

Governmental constraints on production of trained manpower would be ameliorated with DEIDS support;

WHO and UNICEF staff and equipment would be involved in the undertaking through the state Ministry of Health;

Policy and operational personnel in Federal and State Ministries of Health are actively interested in project;

Difficult to estimate DEIDS external input requirements prior Phase II but should be within range of technical assistance counseling and training grants with limited commodity support;

Cultural mix of Benue Plateau State provides fair balance of ethnographic problems which rest of country shares in varying degrees and rather typical of tribal mix problems of most of West Africa;

Illustrative test site offers potential in terms of willingness, readiness and apparent ability to support effort;

Community Development Ministry available to cooperate on facility construction and mobilization of populace for continuing support of local health centers;

Permissive attitude toward family planning on part of officials would facilitate that aspect of the program;

Ministry of Health is the appropriate institution for development of effort and they are receptive, supportive and appear able to cooperate;

Evaluation activities might be carried on with one of several local institutions: Institute of Child Health of Lagos University or its counterpart body at Ahmadu Bello University or Ibadan University which has an operating branch at Jos, capital of Benue Plateau State; and finally,

All of the foregoing anticipate the more modest requirements for carrying out Phase II of the undertaking which will either validate and support the preliminary observations of the reconnaissance team or indicate other courses of action.

#### DEIDS Criteria - Problem

Caution-decision making in Nigeria, formal assurances to the contrary notwithstanding, takes much time. In this wise they differ but little from most other nations.

Caution-health officials used to having any help or suggestions accepted uncritically by other authorities. There is real need for involving affected localities in decisions concerning their districts.

#### Technical (External) Assistance Criteria

Larger and more general considerations enter into the establishment of long range technical assistance efforts by donor organizations. Nigeria seems to meet these in the following respects:

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Has a development will and program underway of its own;

Concerned about the improvement of health delivery and working at it;

Has enough indigenous resources to carry out its own development, eminently credit worthy, yet significant manpower deficiencies and organizational weaknesses call for external help;

Gives indications of follow-through and commitment to development purposes;

Treats external assistance agencies with dignity and restraint, no signs of over-eager acceptance of whatever is proffered; and,

Nation-building effort sometimes confused with anti-Americanism or anti-white but is in reality a manifestation of the ethnocentrism that seems to go with the finding of their own identity.

#### Recommendation

APHA recommend to AID the negotiation of protocols to initiate Phase II, detailed planning for the development of a practical program for establishment of a delivery system through which maternal and child health, family planning and nutrition services can be made available to the majority of the population in a defined area, probably in Benue Plateau State.

APPENDIX A

Nigeria Contacts

Lagos

U.S.

John Reinhardt, Ambassador  
William Ford, AID/Director  
Steve Christmas, AID/Deputy  
Edw. Nadeau, Program Officer  
Tom Lyon, Health Advisor  
Sid Anderson, Health Program Officer  
Maurice Anderson, Multi-sector, Self-Help and Civic Action  
Dr. Deane Hutchins, Embassy Physician  
Jim Anderson, Agricultural Program Officer

CDC

Dr. Al Noonan

FMOH

Dr. S. L. Adesuyi  
Dr. Irene Thomas

Lagos University Teaching Hospital

Institute of Child Health - Prof. I. Ransom Kutu, M.D.,  
Director  
Department of Community Medicine - Dr. S. Ola Daniel,  
Chairman of Department  
Department of Pharmacology - Prof. Clyodele Telle,  
Chairman, ex-President Society of Medicine  
Dr. (Ms) Dorothy Ogunmekan (Lecturer)  
Dr. (Ms) Muriel Oyediron (Lecturer)

Gbaja Health Clinic

Dr. Modupe Doherty, M.D., M.P.H.  
Nurses in charge of departments

Lagos City Council Clinic

Nurses, Health educators, Doctor

Others

Dr. Majakadumi, ex-Minister of Health

Benue Plateau State, Jos

Military Governor - Joseph B. Gomwalk, A.C.P.  
Permanent Secretary of Health - Mr. Gomwalk (brother  
of governor)  
CMO - Dr. R. F. Addie  
MCH - Miss Lilan Renner, S.R.M., Chairman Nursing Education  
Chairman Epidemiology - Dr. M. S. Elboyumi

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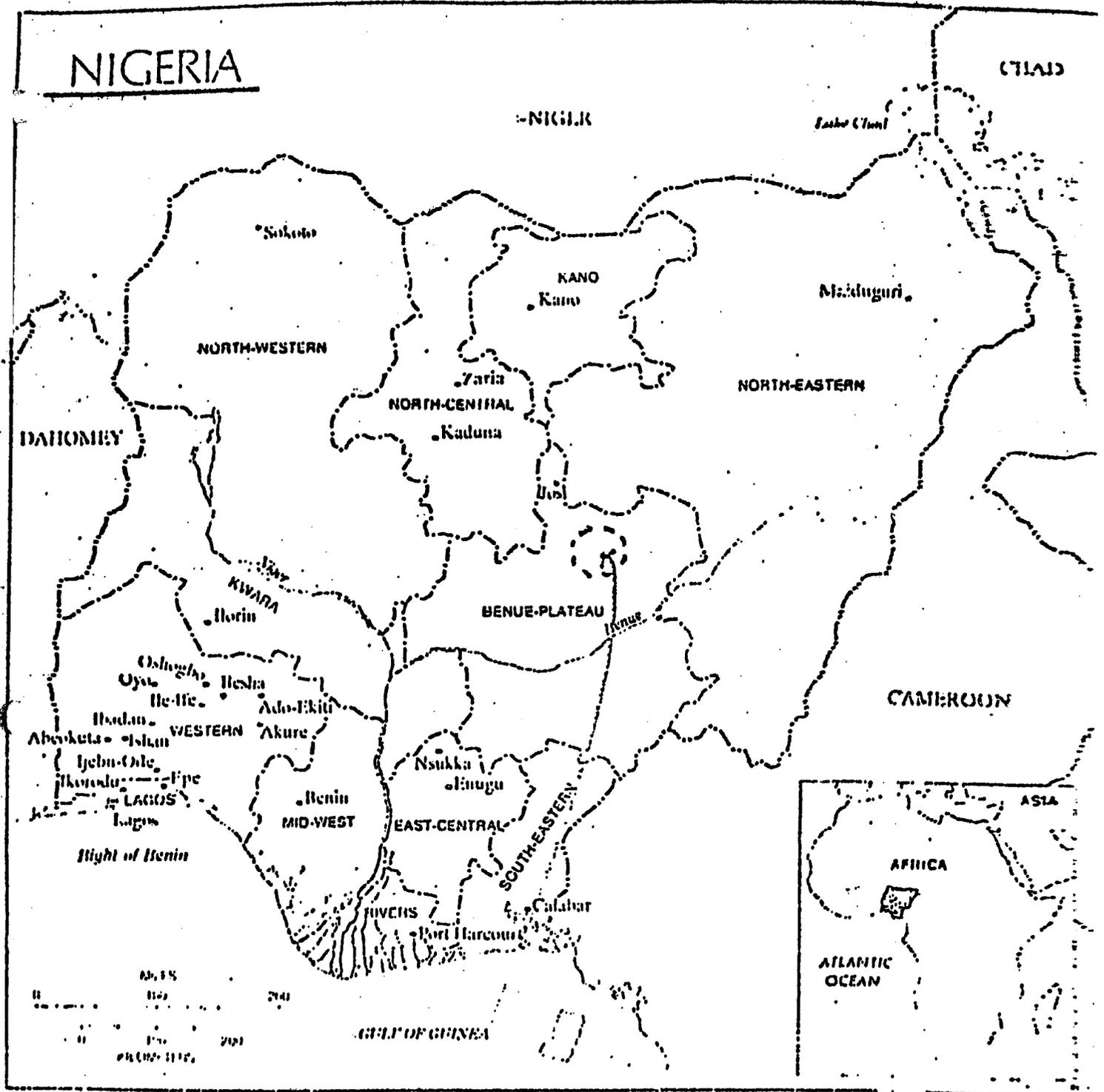
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Benue Plateau State, Jos (cont'd)

Permanent Secretary Local Government - R.N.A. Ogenyi,  
ex-Permanent Secretary of Health  
WHO - Dr. A. R. Sunder Rao, State Representative  
S.I.M. - Dr. Harold Fuller, Director  
Physicians from Jos General Hospital  
Nurses at Health Center  
Health Center - Sister and Midwives

Kano State, Kano City

Permanent Secretary, MOD - Alhaji Musa Gumel  
CMO - Dr. A. Imam  
CNO - Dr. Victoria Mojekwu, R.N., Ph. D.  
PMO - Dr. M. Quereshi  
Health Superintendent - Alhadji Kazuri  
Sabonigari Clinic - Mrs. C. T. Olaiys, R.N., Director  
Nursing staff  
WHO - Dr. R. J. Onyango, Representative  
Miss A. Kennedy, R.N.  
Sritawach Chatiken, Sanitary Engineer



*Proposed Admin. - proposed  
DELOS site*

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