

HEALTH SERVICES IN NIGERIA:

The Health Department in any country is part of the public services administered by Government and before describing the Health Services in Nigeria it is necessary to give a brief note on the forms of Government in that country. The greater part of Nigeria is a Protectorate which means that there is indirect administration. Lagos, the capital Town, is the exception as it is a Colony but it has an elected Municipal Council under which the Health Department functions. It is the only First Class Township and its health services are fairly well advanced. The Lagosians have had the longest contact with Western Civilization and, while this may be a disadvantage in some respects, they are able to produce individuals with a higher standard of education than the rest of the country and these are less trammelled by native superstitions and taboos. Dr. Oluwole, The M.O.H., is himself a Lagosian and holds degrees from Glasgow University.

2. It was he who, in 1927, opened the Lagos School for the training of African Sanitary Inspectors and he has continued to control it ever since. In this school, all the Government Sanitary Inspectors are trained. Lagos town is used as the training ground and after an apprenticeship the Inspectors are liable to be sent to any of the other townships, e.g. Calabar, Port Harcourt, Kaduna, Kano etc., etc.

3. The Government Health Department was instituted, as a branch of the Medical Department in 1923 and consists of a Director, Assistant Director, 3 Senior Health Officers, 12 Medical Officers of Health and 40 Sanitary Superintendents (all British). It is obvious that for a population of 20,000,000 this is but a skeleton and so a large number of African staff is employed.

4. The Second Class Townships are administered by a Local Magistrate assisted by an Advisory Board of which at least three members are Africans. The M.O.H. is ex officio a member of the Board. His staff is one or more European Sanitary Superintendents and a variable number of African Sanitary Inspectors. The staff are paid by the central Government but for public works, including health, the Township has its own funds and may or may not be subsidised from central funds.

5. Regarding the Government African Sanitary Inspector, at first the class of men available were ex-N.C.O.s of the last war who made good headmen of sanitary labour but whose basic education did not allow of much more than a superficial knowledge of routine inspection and bribery and corruption were common. Now, however, many hold the Cambridge Local Certificate and higher education not less than Form III is necessary for admission. Several of them have taken the certificate of the Royal Sanitary Institute of which a local branch was formed in 1938.

6. The salaries of Government African Sanitary Inspectors are roughly from about £120 p.a. to £320 p.a. and they are graded from Third to First Class; there being a limited number of vacancies in each class. Promotion is by length of service and merit and is decided by the Director.

7. The Native Administrations vary very much in their scope throughout the country and roughly fall into three groups, North, West, and East. In the North the people are mainly Hausas who are Mohammedans and are Sudanese in type. They have traditional Chiefs and the policy has been to allow the power to rest in the hands of the chiefs while guiding them in administration. Kano Emirate is one of the largest in the country with an income of £750,000 p.a. and a population of 2,000,000. Education has been backward in the North but has made rapid strides in recent years. A school for Native Administration Sanitary Inspectors (known as N.A.S.I.s until 1939) was opened in Kano in 1930. Teaching was in Hausa until 1936 but is now in English.

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8. In the Western Provinces there are still large tribes with huge towns (Ibadan has a population of 147,000). The race is mainly Yoruba and they are heathen. Missions have been longer in existence in this area than the others but progress has been very slow. The Yoruba is a dull person who is slow to grasp new ideas. They are also very corrupt. Ibadan was chosen for the school for N.A.S.Is in this area and teaching began in 1932. Teaching throughout has been in English.

9. When the scheme was in its infancy salaries were set too low and the posts did not attract the right type. There is no grading - only a Chief Sanitary Inspector who might receive £100 while the others receive from £40 - £60 p.a. There was seldom a candidate above Standard VI although this was set as the minimum standard of admission. This must now, however, have been remedied as a recent item of news states that a Government Sanitary Inspector has retired in order to take up a similar appointment with a Native Administration.

10. The Eastern Provinces presented a much more difficult problem. The race here is mainly Ibo with a small group of Efiks around Calabar, and the Cameroons are split up into many small tribes. The Ibo has had less contact with Western Civilization than the Yoruba but is quick and intelligent and promises to outstrip the Yoruba in learning in the next few years. This, of course, applies to the younger generation. The older ones on whom the burden of government and administration falls are extremely conservative. There are no traditional chiefs and the tribes tend to split up into family groups each desiring its own "Native Administration". An attempt to impose chiefs on the Yoruba or Hausa pattern on them artificially failed miserably and almost led to bloodshed in 1930. The policy of Government now, therefore, is to allow them to form their groups and learn, perhaps by bitter experience, that "Union is strength". Some of the small N.As have incomes amounting to only £30 - £100 p.a. and they are not even able to maintain their own roads let alone contemplate Health Services. In some cases where it has been essential Government has had to subsidize.

11. Nevertheless, a school for training N.A.S.Is. was opened at Umudike in 1935. There was no lack of bright pupils but the difficulty was to find funds to pay them. In some instances it has been possible to get some of the groups to unite in paying the N.A.S.Is. salary but there has inevitably followed the complex problem of allocating his duties.

12. Finally, in the Cameroons and certain very primitive areas a scheme ^{was} under discussion to combine the duties of school-master, sanitary inspector and dispenser in one person! It was thought that it might be possible to post outsiders, fairly well educated to these posts and also use them as advisers to the local chiefs. The details of the scheme, however, were not complete at the outbreak of the war. There are still, however, vast tracts of land without any medical or health services. The policy is not to force these services on an unwilling community but to accede to their requests. There are, of course, ways and means of persuading chiefs to make requests for the advancement of their people!

13. The ideal of a school, a medical dispensary and a Sanitary Inspector for each village is still a long way off, but the three schools, Ibadan, Kano and Umudike together turn out an average of 60 - 100 new inspectors each year - numbers have, however, fallen during the war. The problem is basically educational and should, in the writer's opinion, go in the order of communications, schools, dispensaries and medical services followed by Health Services. In addition the policy of *festina lente* was observed and even after he was trained the N.A.S.I. had to be guided in the way to open up a new areas. He was, therefore, given a plan which

did not allow him full powers until the end of five years. General cleansing of market places, public conveniences and propaganda were placed before house to house inspections, regulation of buildings and prosecution in court for common nuisances.

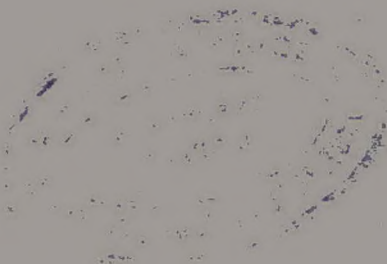
14. The Health Scheme runs parallel with that of the medical services who train Native Administration dispensers in all the hospitals. These men are given about 20 - 30 stock mixtures and are taught their uses, how to dress wounds and recognise the serious cases that must be sent into hospital. They then run simple dispensaries in the village which are controlled and inspected regularly by the District M.O. on his rounds. The work is run in conjunction with the Education Department. Hygiene is taught in all schools and children are used to assist in mosquito hunting, health exhibitions etc.

15. So far as antenatal and child welfare work is concerned Lagos has won the Intercolonial Shield for this work on several occasions and is fairly well advanced. In the Second Class Townships the work is done from the hospitals but as female education ~~xxx~~ generally has lagged behind there is still difficulty in getting women to attend at the centres and take advantage of the advice given. It is interesting to note that to overcome difficulties in connection with the Purdah system, Kano Native Administration employed women sanitary inspectors at a very early date. It was hoped that they would gradually evolve into Health visitors in which case they would be the first of their kind in the country.

N.S. TURNBULL,
Major. S.A.M.C.
Medical Dept.,
B.M.A.
A.T.(B),
M.E.F.

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