

OYO STATE COUNCIL FOR ARTS AND CULTURE

CULTURAL CENTRE ROAD, MOKOLA,
IBADAN NIGERIA

ARCHIVES

FILE NO.	VOLUME NO.
SUBJECT: MINISTRY of HEALTH: : ORGANISATIONAL MATTERS & STRUCTURE	
CLASS MARK	CAC 1.1.2
PIECE/SERIAL NO.	

ARCHIVES OF OYSCAC

SECRET

WGP 2151

OFFICE OF THE MILITARY GOVERNOR

FILE NO.

HS. 2. VOL. II

Date	To	Page Ref.	Date	To	Page Ref.	Date	To	Page Ref.
25/3	AS & H.S.		20/4	sec (sm)				
25/3	H.S. P. 178		25/4	AS (sm)				
8/4	P.A.		24/7/79	PAS (G.A)	268			
19/4	AS (HS)	185	25/7	Desp				
22/4	H.S.	+86	✓	PAS (G.A)	271			
9/5	AS (HS)		27/7	sec (G.A)	272			
	P.A.		✓	PAS (G.A)	1			
6/1	SAS (G)	24-25	3/8	Desp				
6/2/69	SASG	250						
7/5	CR							
4/2/70	AS (AS)	25						
26/5/70	AS (HS)							
✓	CR							
12/8/70	AS (HS)	261-2						
13/8	US (G)	262						
✓	AS (HS)							
✓	CR							
✓	ICIV							
11/9/75	AS (HS)	263						
12/9	US (G)	264						
✓	SMG & HS	265						
1-1/9	US (CB)							
✓	AS (HS)							
1-1/9	CR	266						
15/4	AS (sm)							

AC 1.1.2.

HS. 2. VOL II

FILE NO.

SECRET

FILE TITLE

MINISTRY OF HEALTH ~~AND~~ - ~~ORGANISATIONAL MATTERS~~
& STRUCTURE

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No	SUBJECT
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[illegible][illegible]

98
A.G. YON-da KOLO

(WEST AFRICAN PUBLICIST & TRADE CONSULTANT)

No.1 Robert Road,
P.O.Box 9, Warri.

28th July, 1959.

Dr. S. O. Biobaku,
c/o Premier's Office,
Western Region,
Ibadan.

pp. 99-104
Dear Dr. Biobaku

I respectfully forward for your information and any action you may consider necessary (other than p.a.) one copy of a petition which I have written in respect of my wife and which is self explanatory.

I have no doubt that you will see the reason if not the sentiment of its content. Although I had intended this copy for the personal attention of Chief S.O.Adebo I think it will serve the same purpose under your treatment.

With best wishes.

Yrs Sincerely

A.G. Yon-da Kolo

Lex.

(A.G. Yon-da Kolo)

cc
to file
Bm.
25/7

See p. 112
p. 114

Copy

99

No. 1 Robert Road,
P. O. Box 9,
Warri,
25th July, 1959.

The Honourable Chief Reece D. Edukugbo, M.H.A.,
Member for Warri Division and
Deputy Speaker of the Western House of Assembly.

The Honourable Chief Gabriel Ekwejunor-Echie,
Member for Warri Division and
Parliamentary Secretary to the Ministry of Justice,
Western Region.

Honourable Sir,

Mrs. F. Eleni Yen-da Kolo:
Nursing Sister.

I crave your indulgence in submitting this humble petition in my capacity as husband of the above named officer at present in the employ of the Ministry of Health and Social Welfare of the Western Region of Nigeria. In doing so, however, I am fully cognisant of the fact that matters affecting the administration of the civil service are beyond the purview of the politician but the following act is an ultimate attempt to point out what I consider to be an inimical interpretation of what has already received public acclamation as a Western Regional Government policy, which, after all, is a produce of the politician. With this introduction therefore, I beg leave to proceed.

At the time of my wife's appointment in December, 1957 we had known government policy in respect of the appointment of married women to be designed such as to keep the married family together whilst at the same time taking into serious consideration the exigencies of the public service. We had also understood it to mean that where there was a conflict of interest, what is known as the exigency of the service would take preference. We had

2/.....never,

never, however, understood exigency of the public service to mean repeated disruption of a particular family life in rapid succession. The story of my wife is as follows :-

Nine months after my wife's appointment the exigency of the service demanded that she should be posted away from her present station, Warri, where I am a native, resident and conduct my business, to Ughelli in Urhobo Division on relief duty. She spent three months there without protest even though that meant keeping two homes with its attendant inconveniences. Four months after that she had a baby and enjoyed of course, the benefits of a confinement leave. Barely two months after this leave, which is approximately nine months after returning from her first relief duty and still nursing a sickly child less than four months old she is under orders to proceed on another relief duty to Sapele for a period not exceeding 90 days. The exigency of the civil service has demanded it for a second time within twelve months in respect of one particular individual. Being an ex-civil servant myself I know the futility of protesting but I have to appeal to the reason of the pundits concerned with posting as I can see no other method of doing so except through this medium, having remonstrated in vain with the Establishment Officer responsible for this posting in the Ministry of Health and Social Services, Ibadan.

I have no access to government leave rosters, records of service etc. but I can venture to say that of all married women in the same category as my wife employed by the Western

Region Government there can be only an infinitesimal few who are in the same station as their husbands who are NOT civil servants. I introduce this point not because I am not aware that there are women in identical circumstances at present detached from their husbands for reasons of exigency of the public service so I should consider myself extremely lucky to have my wife and family with me continuously for nine months in one year, but because I would never have acquiesced to my wife accepting the appointment at all in the first instance if Government policy as I understood it to mean was going to be inimical to my personal interests. I would certainly not cavil against any periodic disruption of my family life by the Ministry of Health and Social Welfare so long as the proximity is not pronouncedly short. In this particular case you, Honourable Sir, are aware that it is not financial consideration that has prompted my wife to accept her present appointment but her natural desire to be of service to her own kith and kin and I can assure you that she is willing (very much to my distaste) to continue in her present appointment gratis to Government provided she remained with her husband in the same station. You, Honourable Sir, are further aware that there are not very many individuals in this country with such selfless approach to public service and that if it came to a question of relinquishing her appointment which is the only alternative left I can provide her with a private Nursing and Maternity Home in Warri that will earn for her thrice her present income - the difference being that she would be compelled to charge money for

the same service to the same public that she otherwise would have done for a token salary.

Honourable Sir, my interview with the Establishment Officer of the Ministry of Health and Social Services (Mr. B.A. Clark) on Friday, the 3rd of July, merely revealed the character of the perfect civil servant, straight-jacketed, inflexible and understanding government policy as contained in condensed departmental circulars, read ad litteratim. He pointed out that because the posting was temporary and of a relief nature it was necessary to send someone from a station nearest the vacancy concerned, which meant my wife. On my suggestion that another individual in the same station as my wife who would be in fact 31 miles nearer her husband could be posted, back came the reply that the person concerned was a temporary appointee and could not be entrusted with the responsibility of holding a station, which argument is most nonsensical. because the officer is in any event earning salary from public funds and is competent by accepted qualifications and furthermore is not performing duties at the moment in any way inferior to her status. What makes the excuse more ridiculous is the fact that the posting is supposed to be temporary and what more logic is required than a temporary officer holding a temporary post? Also, it is sheer stupidity not to understand that creating a divided home at a distance of 31 miles presents the same human problems as when the distance is 300 miles so that the question of posting based on availability of the nearest officer

5/.....scarcely

scarcely arises.

I now leave it to your good judgment to take up this matter at the highest level with your colleagues. My wife is due to proceed on the 18th of August, 1959. She is most unwilling to go. She is helpless as far as making representations through the normal official channels is concerned. She is a person susceptible to high blood pressure with its sudden tragic consequences. Over the last few days her mental and physical health has deteriorated to no small degree on this account and it seems that she might be obliged to resign, even if not immediately, whilst she is serving her posting 'sentence' as it were. To me, seeing her present state of health, it is infinitely better that she resigned, but being a nationalist myself and knowing to what extent this country requires the services of members of the medical profession I submit, with all respect, that you use all that lies within your power to prevent this posting in consultation with your ministerial colleagues although, as I have admitted earlier in this petition, I am completely aware that the administration of the civil service is outside the scope of your political function.

Although this matter may be regarded as rather trivial and far too personal to deserve ministerial action I am intent upon giving the subject wide publicity among Ministers of the Western Region because these of us who are sworn defenders of government policy in this troublesome place called Warri and who have to contend day by day with Government Party detractors on the ground that Government policy in the Western Region is only designed to benefit persons outside

6/.....this

this area will inevitably suffer grave loss of prestige if a mocking finger can be pointed at us as in this instance. I know it is manifestly untrue that government policy is partial in the Western Region but it is most irritating to find oneself having to deprecate government policy from my side of the fence because what is a good policy is being made unduly unpopular by officers of the civil service responsible for its interpretation. In this connexion it is a great pity to discover that the draftsmen of government circulars interpreting this policy of married women's appointment unfortunately narrowed their imagination to the conception that such persons must be married to civil servants only and so the relevant government circulars are drafted to suit that purpose. The result is that an awkward situation arises where a married woman officer is married to a non civil servant who is not subject to transfers and who is consequently not affected by the mechanics of arranging dual postings of convenience.

I am therefore forwarding copies of this petition to the following :-

1. The Honourable Chief Obafemi Awolowo, Premier.
2. The Honourable J. O. Adigun, Minister of Health and Social Welfare.
3. The Honourable Chief Anthony Enahoro, Minister of Home and Midwest Affairs.
4. Dr. S.O. Biobaku, C/O Premier's Office.
5. The Honourable Chief J.A. Odebiyi, Minister of Finance.

Yours sincerely,


(A.G. Yon-da Kolo)

JHS

from p. 98 subtd., pl.

31.7.57.

US(E+0)

could SASS(?) ask P&MWT to
let us have the facts concerning pp 99-104.

RB

31/7

SABA

Cd you enquire pl? As you
may know, the writer was
formerly an Executive Officer &
SABP knows his background. You
will see the posting is due
to take place 18/8.

1/8

106
P.S.M.H.&S.W.,

The Head of the Service would be obliged if you would set out the facts concerning pp. 2 - 7, together with your comments. Would you please return this file through me.

L. Coopl.
f. P.S.T.,

The Treasury,

3/8/59.

Reg. Matron,

We spoke. I shall be grateful if you will take action as discussed.

(Intld.) S.O.F.
4.8.59

107

Oranmoya Press, Ibadan, 6956, 500.

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NAME Mrs Yon da Kolo

C. M. O.,

Above is a chart showing the movements of Mrs. Yon da Kolo since her first appointment as a Temporary Asst. N. Sister.

The move to Ughelli was occasioned by the urgent need to send a Nursing Sister to take over the Rural Health Centre in the absence of the Rural Medical Officer, who was required on relief duty at the

General Hospital, Warri.

Mrs. Yon da Kolo returned to Warri at the earliest opportunity, when Mrs. Shofenwa arrived on transfer from the Federal Region.

The policy of posting husband and wife together has been followed as far as possible, but I regret that there is no other suitable relief for the General Hospital, Sapele, and that in the circumstances, Mrs. Yon da Kolo must undertake the posting required.

E. M. Winter

(Intld.) E. M. Winter

6/8/59

P.S. N. H. + S.W.

Please see above minutes by the Regional Matron. I again confirm that everything is taken into account in arranging postings of medical officers and nursing sisters especially but in every case the dominating factor is the requirement of the Service. These postings are by no means to arrange easy in view of the very acute shortage of suitable staff and therefore the personal wishes of officers in this connection cannot always be met. I humbly suggest again ^{that} officers should be firmly reminded that in interpreting the recent "wife + husband" circular a little thought should be given to the interests of the service. I regret that I am not able to alter this posting.

Sojode Franklin

7.8.59

P.T.O.

C.M.O.

109
P.S.

I forgot to mention above that I have had two representations from private individuals in connection with this posting and in each case the answer was as given above.

J.B.S.

cro

7/8/59

Permanent Secretary
To the Treasury

Your minute on p. 9. The position is as explained in the subsequent minutes by the Regional Patron and the Chief Medical Officer with which I entirely agree.

[Signature]
Ag. P.S. M.H.-E.S.W.

8/8/59.

110 13
H.S.

U.S.E.O.

At p.8 you sought advice from P.S.M.H. & S.W. concerning the complaint by Mr. Yon-da Kolo that the postings of his wife who is a Nursing Sister were being arranged unreasonably and contrary to the policy of Government.

2. Government's policy concerning the posting of married women officers has only been expressed where both husband and wife are employed by Government, the relevant provisions being stated in paragraph 3 of Establishment Circular No.11/1958 as follows:-

"It is the wish of Government that in future a male officer will not normally be transferred from the station where both he and his wife are in Government employment, or where he is in Government employment and his wife is rendering essential public service, for example in the teaching profession, unless arrangements can be made for the wife to be similarly employed in the new station. Although cases may arise where the husband's transfer, regardless of the effect on his wife's position, is unavoidable, it is hoped that such cases will be rare. Moreover, since there are more posts for women in Ibadan than elsewhere, it may be expected that the majority of cases where both husband and wife are employed will be in Ibadan also; in view of this care must be taken not to deny the Headquarters experience necessary to his advancement to a male officer solely because his wife is not in Government or other essential service. It should not be allowed to happen that such an officer remains continually posted to out-stations solely because there is there little or no opportunity for the employment of the wives of other officers, who therefore remain in Ibadan. In the last resort, furthermore, if no other alternative exists for the discharge of some public duty, a married female established civil servant must accept the same liability to be transferred within the Region as her male counterpart".

3. The comments of the Regional Matron, the Chief Medical Officer and the P.S.M.H. & S.W. are at pp.10 - 12 and amount to the fact that the exigencies of the Service alone have made it necessary for the various postings of Mrs. Yon-da Kolo and that it is regretted that her present posting from Warri to Sapele, which is due to take effect on the 18th of August, is essential since there is no ^{other} suitable relief for the General Hospital at Sapele.

4. Since entering the Public Service, Mrs. Yon-da Kolo's postings had been as follows:-

10th November, 1957 - 31st August, 1958 - Warri
1st September, 1958 - 28th November, 1958 - Ughelli
29th November, 1958 - 20th February, 1959 - Warri
21st February, 1959 - 17th May, 1959 - On leave
18th May, 1959 to date - Warri

5. Since Mr. Yon-da Kolo has raised the matter directly with the two members for Warri Division in the Western House of Assembly with copies to the Honourable the Premier and three Ministers, I am not quite certain in what manner you would wish to reply to the personal letter addressed to you at p.1 - perhaps direct to Mr. Yon-da Kolo with copies to the two members for Warri Division and to the Permanent Secretary, Ministry of Health and Social Welfare. I submit at cover a draft reply for your consideration.

[Signature]
S.A.S.(A),
10/8/59.

6. You might feel that 33 could be left out of the draft reply.

[Signature]

10/8/59

US(E+0)

Draft approved as amended —
Copies as proposed.

[Signature]
12/8

SA3A

Many thanks.

[Signature] 12/8

112

13 August, 1959.

H.S. 2/112

Mr. A. G. Yan-da-Kolo,
No. 1 Robert Road,
P.O. Box 9,
Warri.

Sir,

I have received your letter dated 28th July, 1959, together with its attachment, and have looked into your complaint concerning the present posting instructions given to your wife in her capacity as a Nursing Sister in the Public Service of the Western Region.

2. I am satisfied that, since there is no other suitable relief for the General Hospital, Sapele, it is essential in the interests of the Service for your wife's posting to Sapele to stand. I must add that in the circumstances her postings from 1957 have been neither unreasonable nor in any way contrary to Government policy since out of 22 months she has been obliged to leave Warri only for about 3 months prior to her latest posting.

I have the honour to be,
Sir,
Your obedient servant,

(Sgd.) S. O. Biobaku
Acting Head of the Service.

No. H.S. 2/112A.

Ibadan, 13 August, 1959.

Copy to:-

The Honourable Chief Reese D. Edukugbo, M.H.A.,
Member for Warri Division and
Deputy Speaker of the Western House of Assembly.

The Honourable Chief Gabriel Ekwa Junior-Echie,
Member for Warri Division and
Parliamentary Secretary to the Ministry of Justice,
Western Region.

The Permanent Secretary, Ministry of Health and
Social Welfare, Ibadan.

Isaiah
14/8

(Sgd.) S. O. Biobaku
Acting Head of the Service.

See p 114

H.S. ✓ (3/8)
U.S.R.O.

The letters a.c. are submitted
for signature please.

12/8

H.S.

P. 93/94 results, pl.

13/8/59

CC

Matter settled: p. 5.

14/8

113 ~~108~~

ARCHIVES OF OYSCAC

A. G. Yon-da Kolo & Sons

(Registered in Nigeria)

ADVERTISING CONTRACTORS-DISTRIBUTORS-MANUFACTURERS' REPRESENTATIVES



TELEPHONE: 100
TELEGRAMS: YES

No. 1 ROBERT ROAD
P. O. BOX 9, WARRI, NIGERIA.

ANNOUNCING YOUR BUSINESS

Your Ref:

Our Ref:

20th August, 1959.

My dear Dr.

I have just received an official letter sent by you in reply to my purely personal letter to you of the 28th July enclosing a copy of a petition addressed to politicians and intended for their special consumption only. You know that if I meant it for strict official perusal I would have adopted a very different vein in terminology.

As my petition has found its way into official hands I hasten to assure that I had no wish to embarrass anybody but merely to put a case across to my political friends about a matter of policy on which I was sure many of my party supporters had been misled. If I have misplaced my confidence in sending you my letter then I have learnt my lesson. As you know, my wife has carried out official instructions regarding her posting in perfect civil service style and up till now she has not made any formal written protest nor does she intend to do anything of the sort so that she cannot be in any way guilty of insubordination at this stage.

I am of course the sufferer in all this but if our publicised 'fundamental human rights' has any meaning at all in this country then I am at a loss to fathom why I should be scowled at for writing personally to respected individuals who are friends of mine even though the subject affects civil service routine.

With all best wishes

Yours sincerely,

A. G. Yon-da Kolo

Dr. S. O. Biobaku,
c/o The Treasury,
Ibadan.

J.H.S.

Subtd. pl. J.H.
24/8/59

115

25 August, 1959

H.S.2(Temp)/115

7/0

P.114

Thank you for your letter of 20th August. I can assure you that there has been no question of misplaced confidence. If I received a letter being a copy of one addressed to Ministers and politicians, it was my duty to treat it as official and reply accordingly, having been advised by officials of the Ministries concerned.

2. I am glad to note that your wife has taken up her posting and I hope that it would be possible for her to return to Warri before long.

Yrs. etc.

Sd/- (S.O. Biobaku)
Acting Head of the Service

A.G. Yon-da Kolo, Esq.,
A.G. Yon-da Kolo & Sons,
1, Robert Road,
P.O.Box 9,
Warri.

Signed
2.26/8

cc
PA
26/8

TELEGRAMS :

PRIVATE MAIL-BAG No. 5027

TELEPHONE :

116



MINISTRY OF HEALTH

AND SOCIAL WELFARE

ADMINISTRATION

DIVISION

IBADAN · WESTERN NIGERIA

Your Ref. No.

Further communications should be
addressed to the Permanent Secretary
quoting

Our Ref. No. S.29/56

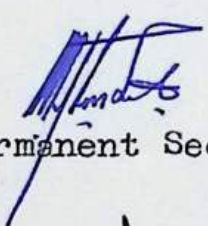
Date 25th Sept., 1959

CONFIDENTIAL

The Permanent Secretary to the Treasury
and Head of the Service,
Western Region,
Ibadan.

Dr. S. O. Franklin, Chief Medical
Officer, has applied to go on three months
leave as from the 26th of October, 1959.

2. The next senior Medical Officer in
the Medical Division is Dr A. O. Majekodunmi,
and I propose that Dr Majekodunmi should act
for Dr Franklin while he is on leave, subject
to your approval, which I now seek before
addressing the Public Service Commission.


Permanent Secretary

See p. 118

CONFIDENTIAL

JHS.

Subd. Pl. JHS. 1529

25 SEP
JHS. 1529

117
28th September, 1959

W. S. Smith, Esq., O.B.E., M.C.,
Permanent Secretary,
Ministry of Health and
Social Welfare,
Western Region,
Ibadan.

I attach in original a letter addressed to me by the General Secretary of the National Association for Mental Health, London, containing a proposal that our Dr. Lambo should be released (and assisted) to participate in a conference on "Mental Health at Home and Abroad". Although Dr. Lambo has only just returned from another conference, I should be most reluctant to oppose this proposal, if he himself is agreeable and there is someone who can look after his hospital while he is away. He should not have to be away for more than a week, at the most.

I propose to reply that I have turned over this letter to you, that the final reply will be sent by you in due course and that we shall do our best in the direction requested. But before I write like this, I should like to know the reaction of yourself and Soyode to the proposal.

Angel
Enclose in
"Health" file
SOA
29/9
SOA
S. O. Adebo.

Issued
29.9.59.

MS. 2/118

Confidential

118
30th September, 1959

The Permanent Secretary,
Ministry of Health and
Social Welfare,
Western Region,
Ibadan.

Chief Medical Officer

With reference to your letter No. S. 29/56 of the 25th September and subsequent telephone conversation, I am prepared to support the recommendation you propose.

2. I am glad that Dr. Franklin has now decided to take a holiday and I wish him a really good rest.

See
Head of the Service.

Confidential

Issued
21/10/59

See p. 122

PA

TELEGRAMS :
PRIVATE MAIL BAG No. 5027

TELEPHONE : 119



MINISTRY OF HEALTH

AND SOCIAL WELFARE

ADMINISTRATION DIVISION

IBADAN · WESTERN NIGERIA

Your Ref. No.
Further communications should be addressed
to the Permanent Secretary quoting
Our Ref. No. C1110/53

Date 30th September, 1959

CONFIDENTIAL

My dear Simon,

Thank you for your letter regarding
Dr Lambo's participation in the conference
on "Mental Health at Home and Abroad."

I have discussed this matter with Soyode
and we both feel that, provided funds can be
made available, Dr Lambo should accept the
invitation of the National Association for
Mental Health.

Yours sincerely,
W. S. Smith

(W. S. Smith)

Chief S. O. Adebo, C.M.G.,
Permanent Secretary to the
Treasury and Head of the Service,
Western Region,
Ibadan.

HS. 2/119

120
1st October, 1959

W. S. Smith, Esq.,
Permanent Secretary,
Ministry of Health and
Social Welfare,
Ibadan.

With reference to your letter No. C. 1110/53 of the 30th September concerning Dr. Lembo, I shall be glad if you will now take up the matter officially with the Establishments Department of the Treasury, letting them know that we have been in consultation over it.

S. O. Adebo.

Issued
2/10/59

HS. 2/120

1st October, 1959

Miss M. Appleby,
General Secretary,
National Association for
Mental Health,
39, Queen Anne Street,
London, W.1.

Dear Madam,

With reference to your letter MA/DMW/G.L. of the 18th September concerning Dr. Lambo's participation in a conference to be held on the subject "Mental Health at Home and Abroad", I have referred the letter to the Permanent Secretary, Ministry of Health and Social Welfare, who is primarily responsible for our medical arrangements, and will be letting you know in due course the decision of Government.

I can, however, assure you that we shall do our best to make the release of Dr. Lambo possible.

I am your obedient servant,

S. O. Adebo,

Issued
Hh
7/10

PA

ADMINISTRATION

2nd October, 1959

S.29/58

CONFIDENTIAL

The Secretary,
Public Service Commission,
Ibadan.

Chief Medical Officer:
Acting Appointment

I am directed to forward herewith for necessary action General Form 66 duly completed in respect of an impending acting appointment in the post of Chief Medical Officer.

2. Dr S. O. Franklin, Chief Medical Officer, has applied to go on 3 months leave as from 26th October, 1959.

3. The next Senior Medical Officer available in the Medical Division is Dr A. O. Majekodunmi, in respect of whom the attached forms are submitted.

4. The Head of the Service has indicated that he supports this recommendation.

5. Dr M. P. Otolorin who is being superseded is at present on leave in the United Kingdom preparatory to undertaking an in-service training course.

not soiled
by the
Treasury

Permanent Secretary

RECEIVED
5 OCT 1959
SECRET REGISTRY
THE TREASURY IBADAN

Confidential

Ref. No. S.29/58A
Ibadan. 2nd October, 1959.

The Permanent Secretary to the Treasury
and Head of the Service,
Western Region,
Ibadan.

For information - your confidential
letter No. HS.2/118 of 30th September, refers.

Permanent Secretary
Ministry of Health and Social
Welfare.

5/10.

123

HS.2/123.

7th October, 1959.

The Secretary,
Public Service Commission,
Western Region,
Ibadan.

Chief Medical Officer:
Acting Appointment

12-122
With reference to letter N. S.29/58 addressed to you
by the Permanent Secretary, Ministry of Health and Social Welfare, I
confirm my support of his recommendation that Dr. A. O. Majekodunmi
be appointed to act as Chief Medical Officer. Although the fact has
nothing to do with my view of this proposal, I think it is only right that
I should let ^{the Commission} you know that Dr. Majekodunmi is a brother-in-law of mine.

S.O.A.
(S. O. Adebo)
Permanent Secretary to
the Treasury.

P. A.

Issued
7/10/59.

124

HS.2/124.

23rd October, 1959.

I mentioned to you the other day my uncomfortable feeling that we have not been a great success in the development of our community development effort in this Region. I said I thought it was a pity that no proposals on this subject of the kind envisaged in the relevant paragraphs of the 1955 - 60 Development White Paper, following upon enquiries into practices in other lands, have over this long period been yet submitted to Government. You explained why that was so.

I am sure you will agree with me that we cannot leave the matter there. I have just been reading the first draft of the Development White Paper for 1960 - 65. The author has been unable to say anything useful on community development. In fact, there is hardly more than a casual reference to it. And yet this is a subject which deserves a whole chapter to itself. But how can such a chapter be written when Government policy is still in the making as it has been for the last two years?

I think we must do something about this, and do it quickly. Please do not think I do not appreciate your difficulties. My present concern is to help you, if I can, to overcome them. To this end, I suggest that in the first place you send me all your papers on the subject. I shall try to find time to study them. When I have done so, we might have a conference of all the interested parties, and try and agree proposals for "sale" to the Ministers.

S.

(S. O. Adebo).
Permanent Secretary
to the Treasury and
Head of the Service.

W. S. Smith, Esq., O.B.E.,
Permanent Secretary,
Ministry of Health and Social Welfare,
Ibadan.

Issued
ll
23/10/59.

B.U. 14/11/59

See

MINISTRY OF HEALTH



AND SOCIAL WELFARE

ADMINISTRATION DIVISION

IBADAN · WESTERN NIGERIA

Your Ref. No. _____
Further communications should be addressed
to the Permanent Secretary quoting
Our Ref. No. C.1110/59.

Date 26 October, 1959.

Chief S. O. Adebo, C.M.G.,
Permanent Secretary to the Treasury and
Head of the Service,
Western Region,
Ibadan.

My dear Sir,

*Confel
OK submit in
HS file, see 26/10*

pp-127-128
Further to my letter No. C.1110/53 of 30th September, 1959, I enclose herewith for your information, a copy of a letter which Dr. Lambo has forwarded to me. Among other proposals, the letter extends an invitation to Dr. Lambo to visit the United States of America for about a week around February next.

2. I referred this matter to the Chief Medical Officer, who has commented as follows:-

"This proposal appears to be fascinating but I am afraid that I am getting concerned over the constant absence of the Specialist from Aro and its effects on the patients there and the staff. Research, investigations etc. have their rightful places but our immediate and urgent need is to put our own home Aro in order. The Specialist himself always complains that he has more than enough work to do in Aro without being further saddled with other outside duties, this was the excuse a few days ago when he refused to examine a patient in Lagos at the request of the Advisory Committee for the Prerogative of Mercy; again you will recall that he gave a similar excuse when the Ministry of Works asked him to examine a very ill employee. You may not be aware that at this very moment the Nursing Council of Nigeria is about to review the recognition of Aro as a training hospital for mental nurses because the Council has received an official complaint that trainees are not being lectured regularly and are not getting enough tuition from the Specialist. I must confess that I feel very embarrassed when people express surprise at the Specialist's constant absence from the hospital.

"In the circumstances, I regret that I am unable to agree to this trip to the United States being undertaken now and if the project cannot be undertaken for this reason I suggest that it be shelved until the arrival of Dr. Asuni next year, he will then be available to take full charge of Aro in the absence of Dr. Lambø abroad.

"Had Dr. Lambo cared to discuss the matter with

..../me

me before writing you I would perhaps have been saved the trouble of putting down in writing the above hard facts."

3. My first reaction was to support the Chief Medical Officer, but on reflection, I feel we must take a wider and longer view. Dr. Lambo is fast acquiring international, even world recognition as a Psychiatrist, and any prestige that he gains, helps to put Nigeria on the map, and I feel that if Dr. Lambo can arrange for this United States of America visit to precede, or follow immediately after his London Conference, he should be allowed to go.

4. You will notice that Cornell University will be responsible for the cost of the trip.

5. I apologise for troubling you with this matter, but I do not wish to overrule the Chief Medical Officer (for whom I have every sympathy), without first consulting you.

Yours sincerely,

Bill.

Al
27.10.59

ARCHIVES OF

THE NEW YORK HOSPITAL

Chartered 1771

525 EAST SIXTY-EIGHT STREET, NEW YORK 21

PAYNE WHITNEY PSYCHIATRIC
CLINIC

September 14, 1959.

(Please reply to: 319 Rand Hall, Dept. of
Sociology & Anthropology, Cornell
University, Ithaca, New York.)

AIR MAIL

Dr. T. A. Lambo,
Medical Superintendent,
Neuro-Psychiatric Centre, Western Region,
Aro Hospital,
Abeokuta,
Nigeria.

Dear Dr. Lambo:

Here I am back at Cornell after these four months of travel. I hope this letter finds all of you well. I know it will find you busy.

Many thanks for the note of August 21 saying the package had been sent off. It is too soon yet for it to have arrived, but I shall let you know when it does. The Coleman book on Nigeria has been ordered for you. Did you get my previous note?

During the latter part of August my colleagues and I had an opportunity for a series of prolonged conferences regarding how we ought to proceed with our cross-cultural studies in social psychiatry. My experiences in Nigeria were very much to the fore as well as Dr. Hughes' report from Mexico and Peru.

One decision was that we should like to explore seriously the possibility of conducting a pilot study at the Aro Hospital and its surrounding area. Our aim would be to make a qualitative analysis of the patterning of psychiatric disorders and syndromes as these occur among Yourba people and to compare such disorders and syndromes with those we have found in our study of a rural county in Nova Scotia. A result particularly desired would be the definition of criteria for making case counts in the Abeokuta neighbourhood. If this were successful, it would pave the way for more extensive quantitative (epidemiological) studies later which we would again hope to compare with findings in Nova Scotia, and possibly other areas such as Peru as well.

One of the features that is of central importance to us as we visualize working in Nigeria is that we have you participate in the work. It would be vital to draw on your knowledge and experience. Hence we should want you to be a full partner in the enterprise and appear as one of the authors in any relevant publications produced.

The Cornell personnel we have in mind would number between four and six and would be divided about equally between social scientists and psychiatrists. My wife (a psychiatrist) and I would be of their number. The time estimated for data gathering

/in

in Nigeria is six weeks for the psychiatrists and three months for the social scientist. We would want to employ some eight or ten Nigerians during that time as assistants and interpreters.

There remain, obviously, many problems of housing, feeding, transportation, supplies, equipment, timing and other related matters. More than this, our goals need to be specified in more detail, and realistic estimates made of what might be accomplished. To achieve this it is indispensable that we have the benefit of some conferences with you.

This letter, then, has two questions. The first is to ask if the general idea appeals to you and if you think the pilot study as outlined is something that should be attempted. If the answer to this is affirmative, the second question is to ask if you would come here to Cornell for the conferences. February next would be the time most agreeable to us, but there is flexibility which would make it possible to slide the date ahead or back to suit your convenience. The conferring itself should take about a week, but there will no doubt be other things you will want to do on coming the first-time to the United States. Certainly there will be many persons in and out of Cornell who will want to hear speak. I realise, however, that the time you can spend away from Aro is limited, and hence suggest that so far as our conference is concerned, you could probably accomplish it with an absence of not more than 10 days from Nigeria. We would, of course, be responsible for the costs of your trip, including living expenses while at Cornell.

This, then is the essence of what is in our minds. We look forward very much indeed to hearing from you.

I was in Montreal for a day toward the end of July and had a most interesting and pleasant afternoon with Dr. Prince.

Please give my very best regards to Mrs. Lambo.

Sincerely yours,

(Sgd.)

Alexander H. Leighton, M.D.
Professor of Psychiatry
(Social Psychiatry)

AHL:ks

C.1110/59.

HS.2/129.

28th October, 1959.

P-125
I have read your letter and the attachments with considerable interest. I support the decision you have reached on this case, and it is for the same reasons as prevailed with you. I think the Chief Medical Officer is taking an unduly narrow view.

What we should aim at is so to staff the Aro Hospital that Dr. Lambo can be free to take on such engagements of the present kind as we consider to be in the interest of Nigeria. For instance, I understand that Dr. Asuni has in fact completed the qualification for which he was granted a scholarship to England but, because the scholarship was granted for a longer period than proved to be necessary to achieve that qualification, he is apparently spending another year in England. Is that the case?

S.
(S. O. Adebo).

W. S. Smith, Esq., O.B.E.,
Permanent Secretary,
Ministry of Health and Social Welfare,
Ibadan.

P. A.

See 28/10

Issued
H 28.10.59

130

A

P.O. Box 60,
Benin City.

4th. December, 1959.

Dear Chief Adoho,

You are aware, no doubt, that we have compiled our first memorandum embodying our recommendations to Government for the twelve months period ended 30th September, 1959. We have been trying to get the Ministries to complete Parts II and III so that the White Paper could be printed and be laid on the tables of the Legislature before the end of the year. You will recollect that part II comprises of Statements by Ministries setting out Government Action on this Council's recommendations.

In spite of the efforts of Mr. Flint, our very energetic Secretary, to get Ministries to send in material before the 20th of October, only two Ministries were able to reply as at 15th November when it became necessary for our new Secretary, Mr. Wilson, to go to Ibadan and extract replies in person from the other Ministries. On Mr. Wilson's return from Ibadan on the 22nd of November, he informed me that from oral and written replies he was able to compile Parts II and III of the draft Annual White Paper, which in the circumstances he had had to send back to the Ministries for clearance. Having regard to the burden of duties that normally falls on Ministries at this time of year, I consider that on the whole the efforts of the Ministries to get necessary material ready has been praiseworthy.

But there is one aspect which I consider unfortunate and which I wish to bring to your attention. This relates to the written reply from the Ministry of Health and Social Welfare, copy of which is attached. On reading Mr. Wilson's very interesting version of the Part II, I asked to see the written material from which it was edited. Upon reading the originals of the answers submitted by the Ministry of Health and Social Welfare, I came to understand Mr. Wilson's reluctance to part with the papers and the pains he took to explain that the submissions by the Ministries were put up in great hurry and therefore lacked the necessary finish. All the same it seems to me - and I think you will agree - that the phraseology in which the Ministry of Health and Social Welfare has couched its statements leaves very much

to be desired. I shudder to think what public reactions would be if the reply from that Ministry was printed and published verbatim. I refer particularly to the first sentences of paragraphs 3 and 7 of their Part II which for easy reference I have marked X in their statements, copy of which I have attached.

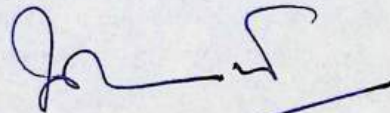
I do not, of course, object to the extent to which they have rejected my Council's advice: after all this Council was quite aware from the start that Government's duty to listen to advice implies Government's right to reject an advice which it considers either unsound or for the moment impracticable. What I am objecting to is the language in which the advice is refused; language which stands in such poor contrast side by side with the version at pages 4 and 5 of the Draft Part II attached, (which says precisely the same thing).

I consider that in this instance the Ministry of Health and Social Welfare has not given this Council that co-operation which, in my view, this Council deserves and which I think is necessary to make this Council fulfill the purpose for which Government has created it, namely, to secure that Government is adequately informed of the needs of the Midwest Area.

I shall be grateful if you do what you can to ensure that indiscreet language of this nature does not defeat the ends of this Council.

Compliments D. N. Asemota

Yours sincerely,



Dahlton O. Asemota
Chairman
MIDWEST ADVISORY COUNCIL

Chief S.O. Adebo, C.M.G.,
Permanent Secretary to the Treasury,
Head of Civil Service,
IBADAN.

132
8th December, '59.

Mr. W. S. Smith,
Permanent Secretary,
Ministry of Health & Social Welfare,
Western Region,
IRADAN.

I forward herewith a copy of the letter I have just received from the Chairman of the Midwest Advisory Council. The letter speaks for itself.

I think the Chairman has been too severe in his remarks but he certainly has got hold of something which we ought to inquire into. I propose to apologise and say that more care will be exercised in the preparation of future drafts. O.k.?

Please return the attachments to the Chairman's letter. They are the only copy he forwarded.

Issued
12/8/59

(S. O. Adebo).

Confel

Pl. enclose in the H.S. file on Health & S.W.,
and mark to h.u. 22/12/59
see 8/12

133.

Bn. p. 132

22/12/59.

ARCHIVES OF OYSCAC

134

HS.2/134

22nd December, 1959

Mr. D. O. Asemota,
Chairman,
Midwest Advisory Council,
P. O. Box 60,
Benin City.

Sir,

(130/131)
I have the honour to acknowledge receipt of your letter of 4th December in which you brought to my notice certain papers showing a rather unhelpful attitude on the part of the Ministry of Health and Social Welfare towards the provision of material for the White Paper on the Midwest. I have taken the matter up with the Permanent Secretary of the Ministry and I wish to assure you that more care will be exercised in the submission of material in future.

I apologise for the inconvenience caused to you on this occasion.

I am sir,

Your obedient servant,

Sca

Head of the Service.

Issued
MS
21/12

HS.2/135

22nd December, 1959.

Mr. W. S. Smith,
Permanent Secretary,
Ministry of Health & Social Welfare,
Western Region,
IBADAN.

P.132
When may I expect back the enclosures
in my letter of 8th December, concerning the
complaint by the Chairman of the Midwest Advisory
Council about material supplied by your Ministry
for use in connection with the Government White
Paper on the Midwest?

Soa
(S. O. Adebo).

*Issued
P.D
22/12*

R. U. 5/1/60

Soa

MINISTRY OF HEALTH AND SOCIAL WELFARE
WESTERN REGION, IBADAN, NIGERIA

Telegrams : PERMHEALTH

Telephone : 2200/18

Further communications should be addressed to :

THE PERMANENT SECRETARY

PRIVATE MAIL-BAG No. 5027



Ref. No. S.42/6.

24 December, 1952.

ADMINISTRATION DIVISION

14-132-155
My dear Simon,

I return herewith the copy of the letter addressed to you by the Chairman of the Midwest Advisory Council, and the attachments thereto. I apologise for the draft, but at the same time, I do think the Chairman has been somewhat severe, and in any case, I think he might have written to me direct before addressing you.

2. I am sorry that you have been troubled over this matter.

Yours sincerely,

Bill.

(W. S. Smith).

Chief S. O. Adebo, C.M.G.,
Permanent Secretary to the Treasury
and Head of the Service,
The Treasury,
Ibadan.

Confcl

Pl. file away.

See
24/12

137
P.O. Box 60,
Benin City.

4th December, 1959.

Dear Chief Adebo

You are aware, no doubt, that we have compiled our first memorandum embodying our recommendations to Government for the twelve months period ended 30th September, 1959. We have been trying to get the Ministries to complete Parts II and III so that the White Paper could be printed and be laid on the tables of the Legislature before the end of the year. You will recollect that part II comprises of Statements by Ministries setting out Government Action on this Council's recommendations.

In spite of the efforts of Mr. Flint, our very energetic Secretary, to get Ministries to send in material before the 20th of October, only two Ministries were able to reply as at 15th November when it became necessary for our new Secretary, Mr. Wilson, to go to Ibadan and extract replies in person from the other Ministries. On Mr. Wilson's return from Ibadan on the 22nd of November, he informed me that from oral and written replies he was able to compile Parts II and III of the draft Annual White Paper, which in the circumstances he had had to send back to the Ministries for clearance. Having regard to the burden of duties that normally falls on Ministries at this time of year, I consider that on the whole the efforts of the Ministries to get necessary material ready has been praiseworthy.

But there is one aspect which I consider unfortunate and which I wish to bring to your attention. This relates to the written reply from the Ministry of Health and Social Welfare, copy of which is attached. On reading Mr. Wilson's very interesting version of the Part II, I asked to see the written material from which it was edited. Upon reading the originals of the answers submitted by the Ministry of Health and Social Welfare, I came to understand Mr. Wilson's reluctance to part with the papers and the pains he took to explain that the submissions by the Ministries were put up in great hurry and therefore lacked the necessary finish. All the same it seems to me - and I think you will agree - that the phraseology in which the Ministry of Health and Social Welfare has couched its statements leaves very much

to be desired. I shudder to think what public reactions would be if the reply from that Ministry was printed and published verbatim. I refer particularly to the first sentences of paragraphs 3 and 7 of their Part II which for easy reference I have marked X in their statements, copy of which I have attached.

I do not, of course, object to the extent to which they have rejected my Council's advice: after all this Council was quite aware from the start that Government's duty to listen to advice implies Government's right to reject an advice which it considers either unsound or for the moment impracticable. What I am objecting to is the language in which the advice is refused; language which stands in such poor contrast side by side with the version at pages 4 and 5 of the Draft Part II attached, (which says precisely the same thing).

I consider that in this instance the Ministry of Health and Social Welfare has not given this Council that co-operation which, in my view, this Council deserves and which I think is necessary to make this Council fulfill the purpose for which Government has created it, namely, to secure that Government is adequately informed of the needs of the Midwest Area.

I shall be grateful if you do what you can to ensure that indiscreet language of this nature does not defeat the ends of this Council.

Compliments Mrs. ...

Yours sincerely,



Dahlton G. Asemota
Chairman
MIDWEST ADVISORY COUNCIL

Chief S.O. Adebo, C.M.G.,
Permanent Secretary to the Treasury,
Head of Civil Service,
IBADAN.

Part II :

(i) Medical and Health:

1. Tenders have been awarded and work is expected to commence within the next few weeks on the new hospitals, at Agbor and Uromi.
2. Rural Health Centres are due to be built this year at Oleh and Igarra in the Midwest area. The other sites mentioned by the Midwest Advisory Council will be borne in mind for future development.
3. As regards the Auchi Rural Health Centre, it is not physically practicable to move a permanent cement block building from one town and transport it to another. Further it should be borne in mind that Rural Health Centres are not supposed to be substitutes for Hospitals but complementary to them and are supposed to put emphasis on the preventive side of medicine, whereas hospitals emphasis the curative aspect. "The Rural Health Centre at Auchi is expected to cater for Maternity and Child Welfare work, especially of a preventive nature in and around Auchi, and there should be ample scope for it as well as for the General Hospital in Auchi.
4. The Government has no intention of taking over the Iruekpen Rural Health Centre, but it has agreed to give a grant towards its development and opening.
5. With regard to the Ughelli Rural Health Centre it should be remembered that this centre was not intended as a substitute for a hospital, and at the time the centre was planned, it was felt that the main need in that area was to promote preventive medicine.
6. Concerning Forcados Hospital, it is not possible to transport and re-erect a permanent brick structure of this sort. However, discussions are at present progressing with a view provided funds are available to erecting a standard Divisional Hospital more centrally located, and converting Forcados Hospital into an Asylum or similar Institution.
7. Midwest Medical Stores: There is no need, let alone an urgent one, for a medical store for this area. It is a wasteful proposition. The Store at Ikeja can cope with the Region's requirements and it is relevant to recall that the Eastern Region with a slightly larger population than ours and the North with a population nearly three times as large as ours have each a medical Store no bigger than ours and quite adequate

for their requirements.

8. Pathological Laboratories and X-Ray facilities: Benin and Warri Hospitals Pathological Laboratories require more of the specialised staff if they are to be expanded, and these staff are unfortunately at present in very short supply. However, it is understood there is already close co-operation of the type envisaged by the Advisory Council between private practitioners and the Hospital Doctors in Benin.

9. Benin General Hospital: The Ministry of Works and Transport intend to erect an adequate fence round the Hospital Compound at Benin, at the same time as the Nurses Hostel, work on which is presently proceeding. The Senior Medical Officer, Benin City, has been requested to get an estimate from the local Ministry of Works and Transport representatives in Benin City for the erecting of two extra rooms and of two beds to the Drew's (Senior Service) Annexe at the Hospital as advised by the Midwest Committee.

10. Dental Services: This Ministry has taken note of the request and will give it due consideration when more Dental Surgeons are available in the Region.

ARCHIVES

141

MIDWEST ADVISORY COUNCIL:
ANNUAL WHITE PAPER:

Part III:

(ii) Social Welfare:

1. Development of recreational facilities in the Midwest:

The questions regarding the establishment of a Sports Stadium in Benin City, and of the employment of coaches for football and tennis are matters which have to be tackled by the Regional Sports Council which will be set up soon. It may be pointed out however, that at present two football coaches are in the employment of the Western Region Council of the Nigeria Football Association and as the services of these coaches are for the whole Region, it is suggested that an approach be made to the Council on the subject.

Welfare Division's Activities in the Midwest
from 1st October, 1958 to 30th September, 1959.

A Welfare Office was opened at Benin City at the beginning of October, 1958 to serve Benin Province. It has not been possible, however, to provide more than a skeleton staff for the office and the prospect of improving the situation seems very remote.

A full-fledged Remand Home has been built at the cost of about £21,000 at Sapele to cater for boys and girls. All arrangements have also been completed to open a small Remand Home in a rented building at Warri. However, it has not been possible to put both institutions into operation because of the single but acutely serious problem of lack of staff. It is hoped that financial provisions will be made in the 1960-61 Estimates to enable staff to be recruited for the two Remand Homes.

At present, owing to the fact that Remand Home facilities are not available in the Midwest children who get into the hands of the police, even those who are in need of care and protection, are being remanded for days in succession in police cells where they unavoidably mix with adult criminals, much to our regret.

The Family Welfare service of this Division continues to be popular and much appreciated as evidenced by the large number of cases dealt with during the year at the Sapele, Warri and Benin City Offices.

Part III:

Medical and Health:

1. During the period under review, a fine new Double Storey Out Patient Department at Benin City General Hospital has been erected at a cost of approximately £13,000. This will provide improved facilities for out-patients and particularly the new consulting rooms where doctors will be able to examine and attend to patients in resonable privacy.
2. Also at Benin City, a new and improved combined public and hospital mortuary has been erected which, once it is provided with the appropriate cooling plant, should obviate all offence. This fine new mortuary costing approximately £1,500 replaces the old fashione and very disreputable mortuary which was sited near the Hospital main entrance, and was for many years a constant subject of petition by Benin Citizens to have it removed or replaced.
3. During the period work has been commenced on a Nurses Hostel costing approximately £25,000 in Benin City which will house nurses in training and greatly facilitiate training work in the Midwest.
4. A Maternity Centre at Ashaka and another at Illah have been completed in the Midwest, during the period covered by this memorandum. A great number of dispensaries and maternity centres are also being erected at present in the Midwest under the Regional Government's Secial Health Development Programme.

144

M I D W E S T A R E A

Report of Government Action for the Year Ended
30th September, 1959

Presented by the Hon. Minister of Home Affairs
and Midwest Affairs

145

INTRODUCTION

This, the first, Report on Government action in the Midwest Area, is for the 12 months ended September 30th, 1959, and, unless otherwise stated, the information contained herein refers to that period. In these papers references to the Midwest Area include Warri and Akoko-Edo.

2. Administratively, the re-organisation of the Western Region Civil Service in April 1958, whereby Ministries were integrated with their departments, has been a very helpful factor. For an aspect of that integration was some measure of devolution or, rather, delegation of powers to Area (or Circle) Officers. Thus, for the whole of the Midwest Area there is a single officer, styled Area Superintending Engineer who, although not in technical and professional control of all aspects of Engineering works, is non-the-less responsible for local over-all co-ordination and for general surveillance of all the activities of the Ministry of Works and Transport. The same is true of local arrangements in respect of the Ministry of Health and Social Welfare, where the Senior Medical Officer has general responsibility for health and hospital matters and general medical administration. He does not, however, have any administrative responsibility for Social Welfare activities. Similarly, the Ministry of Agriculture and Natural Resources has an Area Superscale Officer styled Senior Agricultural Officer who co-ordinates Agricultural activities in the Midwest, his professional supervision and administration do not, however, cover all aspects of the Ministry's activities in the Midwest: while they include extension work and enquiries regarding Research Work results, they do not embrace Veterinary, Forestry and Fishery. In respect of each of these excluded activities, Divisional Officers are, as in the rest of the Region, directly responsible to Superior Officers based in Ibadan. The Ministry of Education is not as decentralised as the three ministries mentioned above. Thus of the four major Ministries of Agriculture & Natural Resources, Works & Transport, Education and Health, three already have in some measure what one may regard as Midwest Departments.

3. In respect of political administration (such as is left to be done in the field) and the supervision of Local Government Councils, the Midwest Area is divided into three separate units each under a Senior Divisional Adviser based at Benin City, Ubiaja and Warri respectively. The activities of these three officers are co-ordinated directly at the Ministry of Local Government in Ibadan. There is thus no local clearing House for 'political' and Local Government affairs.

4. The problem of administrative procedure generally and the problem of securing extended delegation of functions to Circle Offices in the Midwest area are issues to which special attention will have to be devoted during the next year. There is also the much wider issue of a developing scheme of administrative devolution.

5. As is shown later in this Report, Government attaches special importance to the improvement of Rubber, Oil Palm, and Forest Produce in the Midwest. It is encouraging to note the very favourable effect particularly in the Ishan Area of education and propaganda in respect of good methods of tapping and processing rubber.

6. The effects of Social Service Schemes (which are uniform for the Region) and of developments in respect of Roads and Water Supply have, over the last five years, altered the look of things in the Midwest Area - resulting in more healthy and cheerful babies and children and, generally, in a more contented, happy and healthy population. That there is much still to be done is fairly obvious from the Memorandum by the Midwest Advisory Council.

7. The paragraphs that follow recount how far Government has accepted and implemented the Council's advice and recommendations. While several of the recommendations require time for careful examination, Government is generally sympathetic.

MINISTRY OF WORKS AND TRANSPORT

Sapele Bridge

8. It is hoped that provision for this important project will be made in the 1960-65 Development Plan. The Council's advice that this project be accorded the highest priority is borne in mind.

Bridging the Niger

9. The Federal Government has already let out to the firm of Messrs Taylor Woodrow the contract for this project. By the nature of the work, it will take some years to complete. Work starts in November this year.

Ijebu-Ode - Benin Trunk A Road

10. Progress on this Road has been very slow. In December 1957 work was suspended on the Federal Prime Minister's instructions. Clearly, this road is of great economic importance not only to this Region but to the whole of the Federation. The Regional Government is most anxious that work should be resumed

147
at a very early date and that completion of the road should be speeded up. The Regional Government has made representations to the Federal Government to that effect.

Reclassification of Trunk and District Roads

11. It is proposed under the 1960/65 Road Development Programme to re-examine the whole question of road classification. The recommendations made by the Midwest Advisory Council on this subject will be considered in due course.

Road Tarring

12. The Midwest Advisory Council's recommendations on this subject are being kept in view. They will be considered along with others when the 1959/60 Road Development Programme has been completed. My letter EST/12/126/AS(G) of 29th October already gives the list of roads being tarred in the Midwest Area.

Maintenance of tube and open wells in the Delta Province

13. Invitations to Local Councils concerned to contribute to a "Maintenance" scheme met with poor response. No funds were paid in, consequently it was not possible to send out a "team" to report on the condition of the wells in the Delta Province.

Water Supply: Benin City

14. A loan of £60,000 has been approved. Work is scheduled to begin as soon as materials ordered for arrive.

Sapele Water Supply

15. Tests carried out on samples obtained from Sapele river showed the river water to be highly polluted. Tests will be carried out with borehole supply in due course.

Sabongidda: Water Supply

16. It is not possible yet to say specifically whether the boreholes planned for Sabongidda will cover the whole of Ora.

Drilling of Boreholes in Midwest Area

17. Drillings were carried out at Ogwashi-Uku but these were not successful. Now boreholes are being sunk at Asaba and Ogwashi-Uku. The Working Party set up sometime this year to consider improved management of all stages of control in respect of Urban Water Supplies has not reached any decisions yet.

Staff

18. One new Higher Technical Officer has been posted to the Midwest Area in connection with the operation and maintenance of existing Urban Water Supplies. It is hoped to post another there in due course.

MINISTRY OF HEALTH AND SOCIAL WELFARE

[Hospitals at Asaba, Agbor and Uromi

(a) 19. Tenders have been awarded and work is expected to commence within the next few weeks on the new hospitals, at Asaba, Agbor and Uromi.

Rural Health Centres at Oleh and Igarra

(h) 20. Rural Health Centres are due to be built this year at Oleh and Igarra in the Midwest area. The other sites mentioned by the Midwest Advisory Council will be borne in mind for future development.

Auchi existing Rural Health Centre

(c) 21. It is not in the interest of the area that this Centre be closed and the facilities moved to another place. It should be realised that Rural Health Centres are not substitutes for Hospitals but complementary to them and are meant to put emphasis on the preventive side of medicine, whereas hospitals emphasise the curative aspect. The Rural Health Centre at Auchi is expected to cater for Maternity and Child Welfare work, especially of a preventive nature in and around Auchi, and there should be ample scope for it as well as for the General Hospital in Auchi.

Iruekpen Rural Health Centre

(d) 22. Government does not intend to take over this Rural Health Centre; rather, it proposes to give a grant towards its development.

Ughelli Rural Health Centre

(e) 23. It is not considered a sound policy to destroy facilities for the promotion of preventive medicine in order to create facilities for curative medicine. Government does not, therefore, share the view that this Rural Health Centre should be converted into a General Hospital. At the time the centre was planned, it was felt that the main need in that area was to promote preventive medicine.

Forcados General Hospital

(3)24. The possibility is presently being examined of building a standard Divisional Hospital more centrally located, and converting Forcados Hospital into an Asylum or similar Institution.

Midwest Medical Stores Depot

(9)25. Very careful consideration has been given to the Council's advice that a Medical Stores Depot be established at a central place in the Midwest Area. No doubt the Council has been moved to tender this advice owing to reports that occasionally drugs and dressings are in short supply in certain hospitals and centres in the Midwest Area. It is considered that the remedy for this state of affairs is not in the establishment of a separate stores Depot for the Midwest. It is rather a matter of a more efficient administration and improvement of existing methods of ordering and distribution of drugs and dressings. The Ministry is looking into the matter. The Stores at Ikeja can cope with the Region's requirements and it is relevant to recall that the Eastern Region with a slightly larger population than ours and the North with a population nearly three times as large as ours and with much vaster distances have each a medical Store no bigger than ours.

Pathological Laboratories and X-Ray facilities

(h)26. Benin and Warri Hospitals Pathological Laboratories require more specialist staff if they are to be expanded, and these staff are unfortunately at present in very short supply. However, it is understood there is already close co-operation of the type envisaged by the Advisory Council between private practitioners and the Hospital Doctors in Benin.

Benin General Hospital

(i)27. The Ministry of Works and Transport intend to erect an adequate fence round the Hospital Compound at Benin. at the same time as the Nurses Hostel, work on which is presently proceeding. The Senior Medical Officer, Benin City has been requested to get an estimate from the local Ministry of Works and Transport representatives in Benin City for the erecting of two extra rooms and of two beds to the Drew's (Senior Service) Annexe at the Hospital as advised by the Midwest Advisory Committee.]

Dental Services

(j)28. This Ministry has taken note of the request and will give it due consideration when more Dental Surgeons are available in the Region.

Development of recreational facilities in the Midwest.

29. [The questions regarding the establishment of a Sports Stadium in Benin City. and of the employment of coaches for football and tennis are matters which have to be tackled by the Regional Sports Council which will be set up soon. It may be pointed out however, that at present two football coaches are in the employment of the Western Region Council of the Nigeria Football Association and as the services of these coaches are for the whole Region, it is suggested that an approach be made to the Council on the subject.]

MINISTRY OF HOME AFFAIRS

Television

30. The television service covering the Lagos conurbation and Ibadan will come into operation on the 31st October. The Ibadan transmitter has been emanating signals for over one month, but the transmitter covering Lagos, Abeokuta, Ijebu-Ode and Shagamu is not yet working. In the light of the experience gained in the operation of these transmitters consideration will be given at an early date to the extension of the service to other parts of the Western Region.

Catering Rest Houses

31. Funds are now available to build a Catering Rest House to service the Ishan and Afenmai Divisions and it is hoped to commence building operation probably at Uromi within the course of the next few weeks.

Culture

32. The sum of £750 has been put up in the advance proposals for 1960-61 for the Festival of the Arts in respect of the Midwest.

Geological Survey

33. The Federal Government have been asked to intensify their work in the Midwest as suggested by the Midwest Advisory Council. A reply is awaited from the Federal Government to this requests.

MINISTRY OF AGRICULTURE AND NATURAL RESOURCES

Rubber

34. During the period under review considerable progress has been made to intensify the campaign to improve the quality and quantity of rubber produced in the Mid-West.

Training of Farmers

35. The training of farmers has continued in all Division of the area and the following figures of farmers trained in the years up to the end of July, 1959 are available:-

(i)	Farm cultivation and Maintenance	746
(ii)	Tapping	20,355
(iii)	Processing	4,789
		<u>25,890</u>

36. Training of farmers is carried out at all times during the year, and efforts to increase the number of farmers trained in processing continue to receive special attention. Training of farmers commenced in September, 1957 and has been continuous for two years.

Establishment of Rubber Factories

37. Considerable success has been achieved particularly in Ishan Division where a total of sixteen factories have been opened to-date. The success has been achieved largely because it has been possible for the Co-operative Division of the Ministry of Trade and Industry to attach an Inspector of Co-operatives to work in close touch with the Agricultural Officer in-charge of the Division. Work in establishing factories; twenty six individual factories were established by the end of August. Three government demonstration factories were also established.

Seedling Distribution

38. Seedling distribution was completed in the area by the end of August and the following table gives details of the numbers distributed

Division/Province	:	No. of Clonal Seedlings Distributed 1959/60
Benin	:	12,696
Ishan	:	27,123
Asaba	:	23,661
Afenmai	:	13,486
Delta Province	:	50,804
Total	:	127,770

39. Preparation of nurseries to receive 1,210,000 Clonal seeds was completed in August and seedlings from these will be available for planting in July, 1960.

Research

40. Surveys to investigate a suitable site for a proposed Western Region Rubber Research Station have been carried out.

Rehabilitation.

41. Details of a comprehensive scheme for rehabilitation of old rubber plantations have been worked out. A start on this rubber rehabilitation scheme in the Mid-West is expected to be made in 1960.

Legislation

42. The introduction of legislation to control the quality of processing is being considered, but there are many technical difficulties involved which can only be resolved by further consultation between several Ministries concerned.

Livestock

43. The four Veterinary Officers in the Region are of necessity employed in those areas where the livestock population is highest. The needs of the Mid-West are appreciated and it is intended to post a Veterinary Officer to Benin City in February, 1960.

Fisheries

44. There are at present only two Fisheries Officers in the Ministry; one being the Head of the Division with particular responsibility for Inland Fisheries, the other stationed in Lagos being engaged on development and research work on the sea fisheries of the Region.

45. An Israeli fisheries expert who is spending four months in the Region in an advisory capacity visited the Midwest in September and met Members of the Council. This expert will be in the Midwest again in the near future when he will visit Warri, Sapele and the Creeks to investigate the problems of developing fisheries in those areas.

Forestry & Game Reserves

46. The regeneration of exploited forest has gone forward in accordance with the prescriptions laid down in the Working Plans. During the twelve months ending on the 31st March, 1959, the area of forest receiving natural regeneration treatment increased by 25,320 acres to a total of 210,328 acres. During the same period the total area of exploited forest in which

153

regeneration was completed increased by 15,335 acres to a total of 37,692 acres. The artificial regeneration of exploited forest was extended by 817 acres, principally by Taungya in Benin Division, making a total area of 7,445 acres at present under treatment. The total area of exploited forest which has been completely regenerated by this method has increased by 874 acres to a total of 8,429 acres.

47. In Ishan and Afenmai Divisions enrichment planting in savannah reserves by the Taungya method was undertaken at five different centres. In all 70 acres were planted which is a promising start to this regeneration scheme.

48. Unfortunately it has not been possible to fill the existing vacancy for a Game Warden. In consequence it has not been possible to establish additional Game Reserves. Forestry staff have continued to enforce the Game Preservation Laws in those Forest Reserves which have already been declared Game Reserves.

MINISTRY OF EDUCATION

Secondary School Scholarships

49. Government accepts the need to give greater publicity to the system adopted for the award of Secondary School Scholarships, and arrangements are already in hand to keep the public informed.

Reallocation of Divisional (Secondary) Scholarships

50. The Council's advice is noted, namely, that any scholarships which lapse in any Division in the Midwest should henceforth be available for reallocation only within the Midwest - and without prejudice to the grant of a Backward Area Scholarship to the Division concerned. It is, however, not clear whether the Council has also considered that a possible rider to the implementation of its advice is that lapsed scholarships from the rest of the Region may not be available for re-allocation to persons of Midwest origin. The council's advice is, however, being studied.

Representation on (Post Secondary) Scholarship Committee

51. It is considered that, with three representatives on the Committee, the Midwest Area is adequately represented.

Applications to open Secondary Schools.

52. The present practice is that when permission to open a new boys' Secondary Grammar Schools is withheld solely because

..there are already sufficient such schools for boys in the area. The Ministry does indicate to the applicant whether or not a similar application in respect of a girls' school would have succeeded.

MINISTRY OF LANDS AND LABOUR

Sites for Housing Estates

53. The offer of the Council, that it is available for consultation in respect of sites for future projects in the Midwest Area, is noted. The General Manager of the Housing Corporation has been informed.

Lease of estate on Crown Land

54. The Council's advice that lease on Crown Land should be for periods over 99 years, with option of renewal, is being examined.

Restrictions on Purchasers of Corporation Houses

55. Government recognises its responsibility to ensure the sufficient new housing is built each year to meet the demands of the community. In order to meet this responsibility, government has proceeded in both of two ways. Firstly, there has been carried out certain developments in the administration of Town Planning Authorities, whose aim is the reducing of the period now taken up by inspection and approval of building plans. These developments should go a long way towards encouraging private housing development. Secondly, Government has established a Housing Corporation which has been given responsibility for housing construction on estates, for providing finance for purchase of these houses, and for providing mortgage finance for privately built houses.

56. The point to emphasise is that the Housing Scheme is meant to ensure adequate housing for the community, thus providing one of those basic facilities which encourage private enterprise to open up industries where otherwise it would not venture.

57. It is against background such as the above that one must consider the Council's advice that, in all its schemes in the Midwest, the Corporation should give preference to natives of the Western Region. Government is considering this advice very carefully.

MINISTRY OF ECONOMIC PLANNING

58. The proposal to bring rubber under Marketing Board control is still under consideration and it has been decided not to release the report of the Working Party until further information has been obtained. Until this information is available it will not be possible to determine whether the imposition of Marketing Board control will be the best means of securing the future of the rubber industry or of promoting the economic development of the rubber producing areas. Alternative means of securing the future of rubber are also being considered, such as promoting the planting of high-yielding and early maturing species of rubber both by individual farmers and in communal and co-operative plantations, and the encouragement of private investment from overseas.

59. It is the intention of Government to assist the Co-operative Movement to strengthen its organisation in the rubber producing areas to ensure that all farmers will have access to one selling organisation through which they can be assured of obtaining the best possible price, that efficient small scale co-operative processing units which will produce high grade rubber sheets will continue to be established, and that farmers will have access to a regular supply of cheap and efficient tools and equipment required for the tapping, collecting and processing of rubber

ARCHIVED

156



MINISTRY OF HEALTH

AND SOCIAL WELFARE

DIVISION

IBADAN · WESTERN NIGERIA

Your Ref. No.....
Further communications should be
addressed to the Permanent Secretary
quoting
Our Ref. No. S. 49/14.

Date.....12 April, 1960.....

Chief S. O. Adebo, C.M.G.,
Permanent Secretary to the
Treasury and Head of the
Service,
The Treasury,
Western Region,
Ibadan.

My dear Sir,

As you are aware, I am due to proceed on leave by
air on the 29th of April, returning on or about 30th June.

2. It is, I think, your intention that Mr. M. A.
Macauley should act as the Permanent Secretary during my
absence, and that Mr. A. A. K. Degun should act as Senior
Assistant Secretary while I am on leave, and also while Mr.
Macauley is in America.

3. I also seek your approval for Mr. G. A. O. Oyinlola,
Acting Higher Executive Officer (Confidential) to act as
Assistant Secretary (Establishment and Organisation), while
Mr. Degun is acting as Senior Assistant Secretary. Mr.
Oyinlola has previously acted as Assistant Secretary (E & O)
while the previous holder of the post (Mr. B. A. Clarke) was
on leave.

Yours sincerely,

W. S. Smith

(W. S. Smith).

O. S. D. (N^y Scanlon),

For next Thursday's ASC meeting, pl.

Sca.

12/4/60

Discussed at ASC on 14/4/60

14/4

157
16th April, 1960

W.S. Smith, Esq., O.B.E., M.C.,
Permanent Secretary,
Ministry of Health & Social Welfare,
Ibadan.

Would you please refer to your letter S.49/14
of the 12th of April to Chief Adebo about acting appointments
in your Ministry while you are on leave. We are submitting
to the Public Service Commission in accordance with your
recommendations.



(D.I. Scanlan)

Issued

PA

16/4

PA
19/4

SECRET

158

TELEGRAMS : STAFF

PRIVATE MAIL-BAG No. 5005



PUBLIC SERVICE COMMISSION
IBADAN · WESTERN NIGERIA

Your Ref. No.....

All communications should be
addressed to the Secretary
quoting

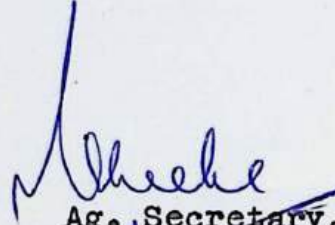
Our Ref. No.....S.179/115.

Date.....31 October, 1961.

The Head of the Service and
Chief Secretary to the Government,
Treasury Buildings,
IBADAN.

abc
The attention of the Commissioners has been drawn
to a statement contained in Western Nigeria Press Release
No. W.2331 dated the 28th of October, to the effect that
the Honourable the Minister of Health and Social Welfare
is to undertake an overseas tour for the recruitment of
medical officers early next year.

2. In view of the constitutional position regarding
the appointment of persons to the Public Service of the
Region, the Commissioners assume that the Honourable
Minister will not be concerned with the actual selection
of medical officers? They would, however, appreciate it
if they could be provided with a brief note setting out the
background to the decision that the Minister should undertake
this duty together with an indication of its anticipated
results.


Ag. Secretary,
Public Service Commission

H.S.,
Above refers. You may wish to refer § 2 to AG. P.S.M.H.
and to ask him to supply to you the information required.

SECRET

Pl do. see 31/10

200
J. G. O. OLAITAN
A.S. 31/10

h/ 31/10

SECRET

159

HS.2/Vol.II/159

1st November, 1.

The Acting Permanent
Secretary,
Ministry of Health and
Social Welfare,
Ibadan.

Recruitment of Medical Officers.

P 158

Attached is a copy of a letter addressed to
the Head of the Service by the Secretary, Public
Service Commission. The Head of Service has asked me
to request you to be good enough to provide him with
the information required by the Commissioners at
paragraph 2 of the letter.

J. G. O. OLAITAN
(J.G.O.Olaitan)
Assistant Secretary, Chief
Secretary's Office.

Issued
16/11

See p. 160

B.O. 15/11

Done
1/11 ✓

160



MINISTRY OF HEALTH

AND SOCIAL WELFARE

ADMINISTRATION DIVISION
IBADAN · WESTERN NIGERIA

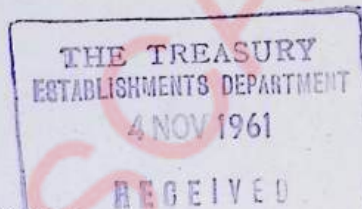
Your Ref. No.....
Further communications should be
addressed to the Permanent Secretary
quoting
Our Ref. No. A.675/485.

RECEIVED
NOV 1961

Date 4th Nov., 1961.

SECRET
THE TREASURY

The Head of the Service and Chief
Secretary to the Government,
Treasury Buildings,
IBADAN.



Recruitment of Medical Officers

With reference to letter No. HS.2/Vol.II/159
of 1st November, 1961 directed from your office, I
submit hereunder Hon. Minister of Health and Social
Welfare's minutes on the subject - the only official
record available in the Ministry.

"P.S.

Overseas Tour

"I discussed sometime ago with Dr. Franklin
who was then acting as P.S. the possibility of
taking an overseas tour for the purpose of seeing
stadia in places such as Beirut, Barcelona,
Western Germany, U.K., Rome and Paris. During
the tour, I would also make attempt to look for
doctors who might be interested in coming out
to Western Nigeria. Any progress? You might
discuss with the Secretary of the Sports Council
who is likely to have some information to give
you. As soon as I know some fair amount of
details I would discuss with the Premier so as
to get his sanction and as soon as he says O.K.,
then you would prepare a memorandum showing
exactly the detail for the approval of the Cabinet.
This is not extremely urgent as I do not intend
to go before May next year, but it will be useful
to get everything ready as soon as possible."

(Sgd.) J.O.O.
(J. O. OSUNTOKUN)
H.M.H. & S.W.
23rd October, 1961.

2. No official action has yet been taken in
this Ministry on this proposal. As soon as the Hon. Minister
returns from his present tour of the Region, I shall refer
the matter to him with a view to supplying the information
called for by the Commissioners.

Sgt. Franklin

(S. O. FRANKLIN)
Ag. Permanent Secretary.

C.R.
Pl. b.u. 22/11

1. *Lot* OLAITAN
11

11-37 G.

AG 6/11

See p. 161

TELEGRAMS : PERMHEALTH
PRIVATE MAIL-BAG No. 5027

TELEPHONE : 21011/517. 161



MINISTRY OF HEALTH

AND SOCIAL WELFARE

.....ADMINISTRATION..DIVISION

IBADAN · WESTERN NIGERIA

Your Ref. No.....

Further communications should be
addressed to the Permanent Secretary
quoting

Our Ref. No. A.675/491.

Date 9th November, 1961

SECRET

The Head of Service and
Chief Secretary to the Government,
The Treasury,
Ibadan, Western Nigeria.

Recruitment of Medical Officers p. 160

Further to my letter No. A.675/485 of 4th
November, 1961, I am directed by the Honourable the
Minister of Health and Social Welfare to state that
should his proposed tour materialise, he neither
intends to interview prospective candidates nor to
appoint them himself, he merely wishes to endeavour
to get prospective candidates interested in the
Region and feels that the press release in question
could have been better framed.

Soyode Franklin

(S. O. FRANKLIN)

Ag: Permanent Secretary,
Ministry of Health & Social Welfare.

H. 8.,

1. see above and p. 160 in regard to the query
of the P.S.C. at p. 158.

SECRET

2. You may wish to consider Saayr reply a.b.c.

✓ See

J. G. O. OLAITAN
9/11

HS.2/163.

SECRET

S.179/115.

10th November, 1963

The Secretary,
Public Service Commission,
IBADAN.

Recruitment of Medical Officers.

158
With reference to your letter No. S.179/115 of the 31st October, I have obtained confirmation from the Acting Permanent Secretary, Ministry of Health and Social Welfare, that the Honourable Minister proposes to concern himself only with interesting prospective candidates in service with the Regional Government. He has no intention of making any appointment himself. Apparently, the relevant press release was badly framed.

soa.
(S.O. Adebo)
Head of the Service.

Issued
file
10/11

p.a.
for
11/11

164



MINISTRY OF HEALTH

AND SOCIAL WELFARE

...ADMINISTRATION.....DIVISION
IBADAN · WESTERN NIGERIA

Your Ref. No.....
Further communications should be
addressed to the Permanent Secretary
quoting
Our Ref. No..... F. 904/

Date 28th November, 1961

CONFIDENTIAL

The Head of the Service
& Chief Secretary to Government,
Premier's Office,
Ibadan.

Organisation : Ministry of Health
and Social Welfare

In examining the administrative arrangements of the Accounts Section of this Ministry it came to light that a number of things require some looking into in order to avoid financial loss to Government. Three items under this Ministry's Head of Expenditure may be mentioned :-

- (1) Grants paid to Local Government Authorities and Missions for free treatment of children.
- (2) Grants to combined hospitals.
- (3) Expenditure on hospital diets.

2. Grants for free treatment of children

The total expenditure by Government on the payment of grants to local government authorities and to Missions for the treatment of children under 18 in 1959-60 was £113,377 and £107,000 estimated for 1961-62. These payments are made quarterly on the basis of claims made by the receiving authorities. Before this year there were no checks carried out on these claims. Lately however, the Internal Audit Section of this Ministry was instructed to carry out checks in a selected number of these hospitals as a result of which a number of over-payments were discovered. Until a complete survey of the situation is made it is difficult to say how much Government is losing in this respect. It will be necessary also to enquire into the ways and means whereby losses of this kind could be prevented.

3. Grants to combined hospitals

There is one combined hospital in the Region. The procedure is that Government makes grants to cover any difference in expenditure over the hospital's revenue. The expenditure on this item in 1959-60 was £11,424. The present arrangements do not provide for any system of financial control in the hospitals. It was lately revealed, for instance, that there was no proper system of issuing drugs and dressings within the hospitals after

they had been received from the medical store. This Ministry does not control the day-to-day administration of the hospital. It is clear that over a number of years there has been a steady misappropriation of the hospital drugs. The procedure whereby Government incurs expenditure for the running of a hospital over which it has no financial control whatsoever seems to me rather irregular. It is desirable to enquire whether the present arrangements could be justified and if so, whether the system of control could not be improved upon.

4. Hospital diets

Under this subhead approximately £32,000 was spent in 1959-60. The estimate for 1961-62 is £35,000. Annually this Ministry awards tenders for the supply of foodstuff to hospitals. After the award of contract there is hardly any system of controlling expenditure or checking expenditure and the use of foodstuff for which Government has paid apart from what Matrons and Nursing Sisters in charge can do in the limited time they have to spare on such duties. For example, it is easy to discover instances where a total monthly expenditure on hospital diet in a particular hospital bears little or no relation to the number of in-patients. It is desirable that the position be examined with a view to introducing or improving upon the system of financial control.

5. Investigation of the above problems will require the full time service of an experienced accounting officer - perhaps, a Special Duty Officer. I should be grateful if the services of such an officer may be available to us for a short period. A copy of this letter has been forwarded to the Permanent Secretary to the Treasury.

6. I am to say that it is possible that in the process of examination of the points raised above many more points will come to light.

I. Amadi-Emina

(I. Amadi-Emina)
for Ag: Permanent Secretary,
Ministry of Health & Social Welfare.

H.S.,

The purpose of the above letter is to seek the release of an Accounting Officer preferably, a Special Duty Officer, to conduct certain investigations into operating systems in the M.H. & S.W. with a view to effecting economies in health expenditure.

2. The only Accounting Officer on Special Duty under your direct control is, I think, Mr. Kemp. You may wish to consider whether he is able to take on additional assignments at the moment or in the near future. I feel however that the inquiries proposed can be efficiently conducted by an officer at a lower level. In that case P.S.T. (to whom a copy of this letter has been sent) may be able to help.

*I don't think
so & mine
can be spared
anyway*

W.O.
A.G.O. Olaitan
AS
28/11/61.

Note

Action taken on the above request. P.A.
Further action continues in F507. *Done*

166
COPY

P.S.M.H/SW.

The first editorial in the London Times of 1st July contains comments on "impending changes in nurse training devised by the General Nursing Council with the blessing of the Minister of Health". The exact scope of the U.K. changes does not appear from the article. Can you kindly get the Regional Matron to produce a brief setting out the changes and the effects they are likely to have on our own training arrangements both at graduate and at post-graduate levels?

2. I assume that the Ministry is already aware of the U.K. proposals.

3. Kindly report back early.

Sgd. (S.O. Adebo)
5/2/1962.

C.R. K. I. V.
5/2/62.

✓

TELEGRAMS :
PRIVATE MAIL-BAG No. 5027

TELEPHONE :

167

MINISTRY OF HEALTH



AND SOCIAL WELFARE

.....DIVISION

IBADAN • WESTERN NIGERIA

Your Ref. No.....

Further communications should be
addressed to the Permanent Secretary
quoting

Our Ref. No.....

Date 12/2/62

Chief S. O. Adabo.
Head of Service

You called for a short brief on the new changes to be introduced as from the 1st of July 1962 in respect of the training of nurses in the United Kingdom the subject of an Editorial in the London Times (1st Feb. 1962). Miss Christie has submitted the attached and I am sure she will bring back more information when she returns from the meeting of the Nursing Council Nigeria holding in Lagos tomorrow. I shall

168

address a further note to you in
due course.

Good-bank him

Ag PS 12-12-22.

P.S., Min. of H. & S.W.

Through
The C.M.O.

~~168~~
169

172-174
I have studied the Editorial on page 11 of the London Times of 1st February, 1962. These proposals were first communicated to me by the Student Section of Ministry of Education about eighteen months ago. The circular issued from The Students Branch of the Colonial Office, Ref. No. STU.92/06 undated, copy is attached.

I at that time advised our Training Hospitals of the impending changes and I believe the Ministry of Education informed the Schools, Western Nigeria Notice No. 276, Gazette 10, Vol.10 of 23rd February, 1961 sets out the requirements for Nurse Training in the United Kingdom as from 1st July, 1962.

Changes with regard to Qualifications
necessary for Entry to a United Kingdom
Hospital for Nurse Training as from
1st July, 1962

The changes now being made by the Nursing Council of United Kingdom as from 1st July, 1962 are in fact, a re-enforcement of the standards which pertained Pre 1939 when there was, owing to the War, an urgent need to train as many Nurses as possible.

Pre 1939:

1. General Certificate of Education or the equivalent was the accepted qualification for entry to Nurse Training without sitting an entrance test.

2. By special entrance test set by the General Nursing Council to assess the ability of the candidate who did not possess a School Certificate or General Certificate of Education level.

POST. 1939:

The General Certificate of Education was still required for entry to many of the larger Hospitals but the Nursing Council no longer insisted on the entrance test for non holders of the School Certificate at General Certificate of Education level. By relaxing this rule a large number of candidates with Certificates at a lower level were acceptable for training.

At this time owing to the great need for Nurses a new cadre was introduced to embrace the lower educational certificate holders who made very good practical Nurses but were unable to aspire to the State Registered Nurse standard. This class of Nurse was later titled State Enrolled Assistant Nurse and her name placed on the Roll of the General Nursing Council, as opposed to the Register in the case of the more highly qualified Nurse: that is, State Registered Nurse.

July 1962.

The Nursing Council of the United Kingdom as from 1st July, 1962, are reverting to the Pre 1939 requirements for entry to Nurse Training for the State Registered Nurse Certificate, which means that candidates must be either holders of the General Certificate of Education or equivalent, or be able to pass the Nursing Council entrance test to assess their ability.

Changes as they affect the Nigerian
Applicant for Nurse Training in the
United Kingdom

1. Only candidates holding the General Certificate of Education or West Africa Schools Certificate will be eligible for direct entry to a Training Hospital.

2. Holders of a lower grade of School Certificates would be eligible, if able to pass the entrance test of the General Nursing Council of the United Kingdom.

This presents a stumbling block as the test has to be taken at the hospital where the training is to take place. Should the candidate be unsuccessful he/she would have no alternative but to return to Nigeria, as the Enrolled Assistant Nurse Training would be of no value since no such grade exists at present in Nigeria and would if it did exist carry a salary which would be less than the Nigeria Registered Nurse.

3. * The Nigerian Registered Nurse:

* With regard to the Nigerian Registered Nurse, the present position has not yet been defined and has been a subject of correspondence between The Nursing Council of Nigeria and The Nursing Council of the United Kingdom. The Secretary & Registrar of the Nigeria Council informed this Ministry yesterday 8th February, 1962 that a reply had been received from London, the contents of which would be made known to the members of the Council at the Meeting in Lagos on the 13th February, 1962.

A further communication will be directed to you at an early date.


Principal Matron
Admin. Div.

9/2/62

172

COLONIAL OFFICE
Great Smith Street,
London S.W.1.

Telephone: Abbey 1266 Ext.

STU.92/06

TO HEADS OF ALL STUDENTS OFFICES

As you may already be aware, the General Nursing Council has, for the past few years, been very concerned over the difficulties experienced by a number of hospitals, approved as student nurse training schools, in providing adequate training. Following a review of the conditions for approving hospitals as training schools leading to State Registration it was felt that the number of schools should be reduced and a minimum educational standard for admission re-introduced as soon as possible.

2. The Minister of Health has now agreed to these proposals and has given approval to a Rule allowing for the re-introduction of a minimum educational standard from the 1st July, 1962, in respect of candidates entering training for admission to the parts of the Register for general, sick children's and fever nurses. The Minister has not, as yet, given approval to a similar standard for entry to training for admission to parts of the Register for mental and mental deficiency nurses.

3. After the 1st July, 1962, all candidates (except for mental nursing) will have to pass the Council's Entrance Examination or obtain exemption by satisfying its minimum educational standards. These are set out in an enclosure to this letter which includes a specimen of the form which Headmasters and Headmistresses will be required to complete in respect of candidates seeking exemption from the examination. The Council's Entrance Examination is designed to assess the educational standard and intellectual ability of candidates and will only be taken by candidates when they attend for interview.

4. The re-introduction of this Rule, which was relaxed in 1939, should help to eliminate the present high wastage amongst student nurses. There are approximately 50,000 nurses under training each year, with an annual intake of between 19,000 and 20,000, and the wastage during a recent survey over a twelve months period totalled 8,770; an appreciable portion of this wastage being candidates who were found to be educationally unsuitable for student nurse training. It is hoped that: hospitals will now be encouraged to seek approval as assistant nurse training schools and that there will be an increase in the number of pupil assistant nurses qualifying as State Enrolled Assistant Nurse. This means that a large number of candidates who in the past have been accepted for State Registered training will, in future, be offered training as pupil assistant nurses.

5. With approximately 6,500 student nurses from Colonial territories at present under training in the United Kingdom it is clear that the re-introduction of this Rule is going to affect the number of student nurses accepted for State Registered training in the future. Some matrons have commenced working this rule on a voluntary basis and others are bound to follow suit during the next two years. In view to this I feel you would be wise to warn your Government(s) of this development at some stage and advise them that unless a candidate qualifies for exemption from the Council's Entrance Examination before leaving for the United Kingdom there is no guarantee of her being accepted for a State Registered course.

COPY

Failure to pass the examination after arrival will then leave the candidate the choice of training as a pupil assistant nurse for State Enrolment or returning home.

6. Since we must guard against the possibility of stimulating a flood of unsuitable candidates seeking admission before the regulations are tightened up in July, 1962, I will leave it to you to decide when the time is appropriate to inform your Government(s) of the proposed change. This is a matter which we could profitably discuss under item 5 of the agenda for the Coordinating Committee meeting on 13th July.

(B.G. Stone)
Head of Students Branch.

COPY/JOE

173

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES

Form of Certificate which the Council will require to be completed after 1st July, 1962, by the Headmistress or Headmaster in respect of a candidate applying for entry to nurse training schools approved by the Council for admission to the parts of the Register for general sick children's and fever nurses

Note: The educational requirements are that the candidate must hold a General Certificate of Education at Ordinary Level in two subjects, one of which must be English (or Welsh) Language, and in addition a statement from the Headmaster or Headmistress that the candidate has completed a full-time course of not less than five years in a secondary school or schools, or in a secondary school and an establishment for further education, during which time he or she has studied and reached a satisfactory standard in at least five subjects of general education such as:-

English (or Welsh) Literature
History
Geography
Scripture
French or any other modern language
Latin or Greek
Mathematics or Arithmetic
General Science, Physics, Chemistry or Biology
Botany
Domestic Science or Handicrafts
Art
Music
and such other subjects as may be acceptable to the Council.

Candidates who do not comply with these requirements, or who do not hold any other exempting qualification that may be accepted by the Council, will be required to take the Council's educational test.

To the General Nursing Council for England and Wales

I hereby certify that holds a General Certificate of Education in at least two subjects of which one is English Language or Welsh Language.

I further certify that he/she has satisfactorily completed a five year full-time course in a secondary school or schools, or in a secondary school and an establishment for further education as follows:-

Name and address of School

Dates of attendance

	<u>From</u>	<u>To</u>
.....		
.....		
.....		

and that during this time he/she has studied and reached a satisfactory standard of attainment in the following five subjects:-
(Please note that these five subjects must be additional to the two already referred to above).

Signature
(Headmistress/Headmaster)

Address

Date

C.O. /4889/60

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES

Minimum educational requirements for entry to training as a student nurse for the parts of the Register for general, sick children's and fever nurses as from 1st July, 1962.

I. Candidates for training who hold one of the following qualifications will be exempt from taking the Council's Entrance Test:-

- (1) General Certificate of Education at Ordinary Level in two subjects one of which must be English (or Welsh) Language.

In addition a statement from the Headmaster or Headmistress that the candidate has completed a full-time course of not less than five years in a secondary school or schools, or in a secondary school and an establishment for further education, during which time he or she has studied and reached a satisfactory standard in at least five subjects of general education, such as:-

English (or Welsh) Literature
History
Geography
Scripture
French or any other modern language
Latin or Greek
Mathematics or Arithmetic
General Science, Physics, Chemistry or Biology
Botany
Domestic Science or Handicrafts
Art
Music
and such other subjects as may be acceptable to the Council

- (2) An equivalent overseas educational certificate acceptable to the Council.
- (3) Part I of the Preliminary State Examination taken before entry to training, on successful completion of an approved Pre-Nursing Course.

II. Candidates who are exempt from taking Part I of the Preliminary Examination by virtue of holding the General Certificate of Education at Ordinary Level in Anatomy and Physiology, or Human Biology, will be required to comply with the conditions set out in I(1) above, counting this subject as one of the two required G.C.E. subjects (the other being English or Welsh Language), in order to be exempt from taking the entrance test.

A.S.

I asked Mr Franklin to let ~~me~~ ^{you} have
the Regional Matron's comments on a recent editorial
article in the London Times on future training
of nurses. It has sent the attached in reply.
Please write and say I'm grateful to Miss
Christie for her comments and look forward
to her promised further communication.

2. Hereafter the papers shd be
referred to DRT for information and to be
filed away.

sea. 12/2/62
S. O. ADEBO

ARCHIVES

176

HS. 2/176.

13/2/ 2.

Dr. S. O. Franklin,
Ag. Permanent Secretary,
Ministry of Health &
Social Welfare,
Ibadan.

Dear Sir,

Chief Adebo would be grateful if his gratitude could be conveyed to Miss. M.A.H. Christie for her comments on the General Nursing Council proposals on future training arrangements of nurses and the possible effects on this Region's training programme. He looks forward to the promised further communication on this issue.

Yours faithfully,

V.A. Oduntan
Assistant Secretary to
Head of the Service.

D.R.T.

From p. 166 for your information pl.

13/2/62

AS. Seen from P. 166. thank you.
16/2/62.

P.A.
16/2/62.

ADMINISTRATION

IBADAN

22nd March, 1966.

AD3/125/302

The Permanent Secretary, (For attention of Mr. Isahia)
Ministry of Establishments
and Training,
IBADAN.

Special Grade Medical Officers:
Qualifications

Further to my letter No. AD.1417/170 of 25th January, 1963, and previous correspondence, you might wish to know that many doctors are leaving the Ministry of Health in these Provinces for employment in other parts of the country where conditions of service are more attractive. For example, qualifications required for appointments to specialist grade in other parts of the country are 8 years' post registration experience in general medical work plus a specialist qualification, or 5 years' experience in the exclusive practice of the specialty. In these Provinces, however, we demand 10 years' post registration experience in general medical work plus a specialist qualification, or 5 years' experience in the exclusive practice of the specialty. Most of the Nigerian doctors in the service attempt the specialist examination after they have had some years of experience in the service. It is much shorter for them therefore, to obtain their specialist appointment through the first alternative. The painful thing about the whole matter is that most of the doctors were sponsored by the Government for the specialist course and they left when the Government should be reaping the fruits of its labour. Unless the conditions are brought in line with those in other parts of the country, there will be no end to this drain on our human resources. I would recommend very strongly in the circumstances, that approval be obtained urgently for the amendment of our Scheme of Service for Medical Officers cadre to enable us to bring our conditions in line with those in other parts of the country and therefore close the gap between us and the other Governments.

2. Further, the Diploma in Public Health and the Diploma in Tropical Public Health are recognised and accepted for appointment to the Special Grade Medical Officers' post in other parts of the country whereas our doctors who have similar qualifications are not accorded the same recognition. It is strongly recommended that the Scheme of Service should also be amended to include these two qualifications. My proposals, therefore, are that the Scheme of Service for Medical Officers should be amended as follows:-

METHODS OF ENTRY

Add the following to the list of qualifications for Medical Officers:

- 2.3 (a) Diploma in Public Health or Master in Public Health.
(b) Diploma in Tropical Public Health.

- 3.3.1.1 Substitute "8 years' post registration experience in general medical work plus a specialist qualification", for "10 years' post registration experience in general medical work plus a specialist qualification".

3. It will be appreciated if this matter may be given early attention so as to avoid the Ministry losing more of the doctors in its service most of whom are known only to be abiding time pending the time they will qualify for higher appointment in other parts of the country, e.g. Lagos.

on
(N.O.A. Akinyemi)
Permanent Secretary.

Ref: No. AD3/125/302A
Ministry of Health,
IBADAN. 23rd March, 1966.

Copy to:-

The Head of the Service,
Office of the Military Government,
IBADAN.

For information.



on Akinyemi
(N.O.A. Akinyemi)
Permanent Secretary.

Submitted
25/3 mo.

H.S. please see from P. 177 for information

M. S. Ogunfowora
25/3

See P. 179

HS.2/179

179
3rd April, 1966.

The Permanent Secretary,
Ministry of Health,
Western Nigeria,
Ibadan.

Special Grade Medical Officers:
Qualifications

With reference to your endorsement No.AD3/125/302A of 22nd March, 1966, the Chairman, Public Service Commission, raised this matter during my discussion with him last Thursday. I wish you had been more specific yourself about the "other parts of the country" where "8 years' post registration experience in general medical work plus a specialist qualification, or 5 years' experience in the exclusive practice of the speciality" is acceptable for promotion or appointment as a specialist, as claimed in paragraph 1 of your letter No.AD3/125/302 of 22nd March, 1966, addressed to the Permanent Secretary, Ministry of Establishments and Training. In which Civil Services in the Federation does this practice obtain? Can you quote relevant circulars or Scheme of Service or substantiate the claim in any manner?

See P. 1800
(P. T. Odumosu),
Acting Head of the Service.

Ref.No.HS-2/179A
Ibadan, 3rd April, 1966.

Copy to:

The Permanent Secretary,
Ministry of Establishments and
Training,

Ibadan. (For the personal attention of Mr.S.O. Asabia)

For information.

21/3.
P.A.
8/4
(P. T. Odumosu),
Acting Head of the Service.



MINISTRY OF HEALTH
ADMINISTRATION.....DIVISION

IBADAN, WESTERN NIGERIA

Your Ref. No.....
Further communications should be
addressed to the Permanent Secretary
and Controller of Medical Services
quoting
Our Ref. No. AD3/125/314

180
Date 18^h April, 1966.

HS.2

HS.2

The Head of the Service,
Office of the Military Government,
Ibadan, Western Nigeria.

Special Grade Medical Officers:
Qualifications

P. 175
Please refer to your letter No. HS.2/179 of 3rd April, 1966. Efforts were made to obtain copies of the schemes of service in force in other parts of the country but only the East and the Midwest responded to my request. The East replied that the scheme of service was under consideration while the Midwest forwarded a copy of its scheme of service which is, quite understandably, the same as that operative in this Region.

2. There are, however, some papers in my Ministry which show that only the Midwest and ourselves require not less than 10 years post-registration experience plus a Specialist qualification to qualify a candidate for appointment/promotion to the Specialist grade. I therefore attach for your perusal the following documents:-

- Pp. 181-182 (i) Letter No. FC.1010/S.7/240 of 19th April, 1960 addressed by the Secretary, Federal Public Service Commission, Lagos to the Secretary, Public Service Commission, Ibadan;
- P. 183-185 (ii) Extract from Minutes of the Seventh Conference of the Public Service Commissions of the Federation of Nigeria held at Enugu on 16th and 17th February, 1965.

The relevant portions are paragraph 2 (i) of (i) above and paragraph 11.2 of (ii).



Akinjemi
Permanent Secretary,
Ministry of Health.

19th April, 1960

SECRET

The Secretary,
Public Service Commission,
Western Region,
Ibadan.

Promotions to Grade of Specialist:
Your reference S.56/7/85 of 28th November, 1959.

Please refer to my secret letter No. FC.1010/S.7/233 of 5th January, which, on reflection, does not appear to be fully explanatory, and may give rise to some misunderstanding of the practice in this Commission regarding the criteria for promotion to the grade of Specialist in the Federal Ministry of Health. I am, therefore, writing to give further details of our practice in the matter.

2. Promotions to the rank of Specialist are governed by the rules outlined in the Secretary of State's savingram 601 of 1957 which was endorsed to you under our reference No. P.00339/S.24/195A of 29th June, 1957, (your reference No. C.86/104 refers). In the view of this Commission there are, broadly speaking, three alternative methods by which an officer can qualify for the post of Specialist. He must

EITHER

- u X "
- (i) (a) have a specialist qualification,
 - (b) have been qualified as a doctor for at least eight years and have included in his general practice during that period the part-time practice of the speciality in which he possesses his specialist qualification,
 - (c) be recommended by his Head of Department;

(Note: An example of such an officer would be a Government Medical Officer who had previously been engaged on general duties and possessed a specialist qualification and part-time experience. Almost all the present clinical specialists come under this category).

OR

- (ii) (a) have a specialist qualification,
- (b) have been engaged in the exclusive and continuous practice of that speciality for at least five years and have been qualified as a doctor for at least eight years,
- (c) be recommended by his Head of Department;

(Note: An example of such an officer would be a doctor who had achieved the rank of Senior Registrar at a Teaching Hospital).

OR

- (iii) (a) have obtained professional distinction by virtue of special experience or published work,
- (b) have been qualified as a doctor ^{for} ~~of~~ at least eight years,
- (c) be recommended by his Head of Department.

(Note: An example of such an officer would be a specialist pathologist; or a specialist in a field in which there is no special diploma, e.g. specialist statistician, specialist nutritionist, specialist malariologist, etc. etc.)

3. Dr. C. A. Ezike, whom I mentioned in the second paragraph of my letter under reference, was promoted under the first alternative. Like many other medical officers employed in the Nigerian Ministries of Health, he could not, by the very nature of the posts he held, have spent prior to his promotion five years in the exclusive and continuous practice of his speciality. Indeed, it is considered that there are hardly any doctors in Nigeria today (except perhaps those in such posts as Registrar at the University College Hospital, Ibadan) who have had, or will have, the privilege of practising their speciality continuously and exclusively in one branch only for as long as five years before promotion. It is also doubtful whether any of the clinical specialists in Nigeria have been promoted on that basis. A firm recommendation by his Head of Department, the possession of an approved specialist diploma, and at least eight years experience after qualifying as a doctor and in general duties which include part-time practice of the speciality in which he possesses his diploma, are considered here to be adequate criteria for promotion to a clinical specialist in the Federal Medical Service. These would be the normal minimum criteria required of a general duties medical officer who looks forward to promotion on the clinical side.

4. I, therefore, confirm that this Commission would recommend, other things being equal, the appointment of the officer you mention in your letter as a specialist, if such a case were presented to it.

(Sgd) (J. T. F. Iyalla)
Ag. Secretary,
Federal Public Service Commission.

No. FC.1010/S.7/240A.

Lagos. 19th April, 1960.

SECRET

Copy to:-

The Permanent Secretary,
Ministry of Health,
Western Region,
Ibadan.

For information, with reference to Mr. M. A. Macauley's discussion with Sir Samuel Manuwa during the former's visit to this office last month.

(Sgd.) J. T. F. Iyalla
Acting Secretary
Federal Public Service Comm.

183

Extract from Minutes of the Seventh Conference of
the Public Service Commissions of the Federation
of Nigeria held at Enugu on 16th and 17th February,
1965

11. ASSESSMENT OF MEDICAL QUALIFICATIONS OBTAINED FROM U.S.A.

11.1 Mr. Marinho of the Western delegation introduced the discussion on this item. He referred to the Western Nigeria memorandum on the subject and explained that some time ago two doctors returned from the United States after passing their qualifying examinations as Specialists. They had not however been awarded their diplomates because in the United States a doctor was required to practise his speciality for two more years after passing his written examinations before he could be allowed to take the practical examination. It was only after success in the practical examination that he would be awarded the diplomate of the appropriate American Medical Board. These doctors of Western Nigeria origin could not wait to do two more years of practice in the United States of America and therefore they were allowed special concession to take the practical examination immediately after the written examination and to return to have the appropriate experience in Nigeria, on condition that the diplomate would not be awarded them until the completion of two years' experience. They were therefore on arrival not considered eligible for appointment as Medical Officer (Special Grade). A doctor who had passed the prescribed examinations at the same time in the United Kingdom would have been awarded a specialist diploma and would on return to Nigeria have been offered at least the post of Medical Officer (Special Grade). The Western Commission would like to know what the other Commissions would do in such cases.

4 11.2 Speaking for the Federal Commission, Sir Samuel Manuwa said the Mid-Western brief had stated the case very fully. There were in the United States, two types of Specialist

4
Certificates. In the smaller specialities like Paediatrics, the American Board awards a first certificate and allows the foreign student to return to his country and spend another two years before being awarded the second certificate. The Mid-West delegation thought that in General Surgery, a doctor with a first certificate should be eligible for appointment to the Special Grade. He was however of the view that such a man should never be appointed a Specialist until he has obtained his second certificate and fulfilled the other conditions for appointment as a Specialist. To be appointed a Specialist, a Medical Practitioner must in addition to being in possession of an accepted specialist qualification, have practised his speciality for 5 years or have been a doctor for 8 years, or in the West and Mid-West, for 10 years. Sir Samuel however advised that the assessment of Medical Qualifications was a matter for the Technical Committee of the National Council of Health. The Chairman of the Federal Commission then suggested that unless a candidate was in possession of the qualification for practising as a Specialist in his country of training, he should not be appointed a Specialist.

11.3 The Northern Commission felt that this was not a matter for the Conference to decide and advised that the matter should be referred to the Technical Committee of the National Health Council. Agreeing to this suggestion, the Eastern delegation said that this problem had never arisen in their Region but that in practice, they had always left the assessment of Medical Qualification to the Ministry of Health. The Mid-Western Commission said that apart from what was contained in their brief, they also would like to hear from the Technical Committee of the National Council of Health before taking any decision on the subject.

2
11.4 Conference agreed that this subject should be referred to the Technical Committee of the National Council of Health. In the meantime, the approved qualifications should not be altered until approved by that Council.

11.5 Sir Samuel Manuwa then asked if an M.O. (Special Grade) could act for a Specialist. The Federal Chairman replying, said the answer depended on what view was taken of the post of Specialist. If the post was regarded as a duty post like the post of S.M.O., then the answer would be Yes; otherwise the answer would be No. He did not think the post of Specialist was a duty post. The Eastern and Mid-Western Commissions agreed with him. The Western Commission, however, observed that they pay acting allowance to M.O.s. (Special Grade) who relieve Specialists, on the ground that they have obtained the specialist qualification and only needed the prescribed experience to reach the grade.

AS. (HS),

Pp 180 - 185 are sub'd for smg's
attention wrt p. 179 pl.

D 19/4/66.
W. A. ADESINA
CR.

P.S.M.E.T.

180-185
I think you will like to read the attached papers which are in connection with the question of qualifications required for appointment to specialist grade in the Ministry of Health. This was the subject of the letter AD.3/125/302 of 22nd March, 1966 forwarded to you by the Permanent Secretary, Ministry of Health and copied to the Head of Service, and of this office letter HS.2/179 of 3rd April, 1966 sent to the PSMH and copied to you.

MAO
(M. A. Oguntona)
A.S. to H.S.

21 April, 1966.

H.S.

Pp.180-185 from Permanent Secretary, Ministry of Health is in reply to your letter at p.179 regarding the qualification required for appointments to the specialist grade. You have asked him to substantiate his claim that conditions of service of doctors in other parts of the country were more attractive.

2. He says he is able to get only the scheme of service operative in the Midwest. He, however, has papers to show that only the Midwest and the West require not less than 10 years post registration experience plus specialist

qualification for appointment to the specialist grade. He has attached for your perusal two documents quoted at p. 180. The relevant portions are "X" of page 181 and "Y" of Pp. 183-184.

3. It would seem that "X" is of greater relevance, and it seems to show that the minimum criteria required by the Federal Service is less than that required in Western Nigeria. With regard to "Y", the views expressed by the delegations cannot be adequate substitute for the schemes of Service of the Public Services or an official statement of policy such as at Pp. 181-2. It is significant that as in "Z" of p.184, the conference agreed to refer the subject to the Technical Committee of the National Council of Health and that approved qualifications should not be altered until approved by that Council. I do not know whether that Council has now met on this subject. I may enquire about this if you wish. (?)

4. I have forwarded a copy of Pp. 181-5 to PSME & T under cover of ^{overleaf} ~~above~~ letter; it may be you will wish to discuss the subject with him before forwarding your views to the PSC.


(M. A. Oguntona)
A.S. to H.S.

22nd April, 1966.

N. F. A. here.

9/5

P. A.



MINISTRY OF HEALTH

ADMINISTRATION.....DIVISION

WESTERN NIGERIA

Your Ref. No.....
Further communications should be
addressed to the Permanent Secretary
and Controller of Medical Services
quoting
Our Ref. No. C.G. 69/99.....

SA/S 82
HS.2

Date 28 April, 1966.

The Head of the Service,
Office of the Military
Government,
Ibadan.

Organisation of the Ministry of Health

Since my assumption of duty in this Ministry I have given considerable thought to the organisation of the Ministry, with particular reference to the standard of medical and health services in the Western Provinces and the optimum use of available man-power. I have held series of meetings with various groups of professional and technical staff i.e. Doctors, Dental Surgeons, Nursing Staff and Health Superintendents and Inspectors, with a view to gaining an insight into problems which confront them in the execution of their duties. The general trend of the discussions has led me to the conclusion that the organisation of the Ministry requires an urgent overhaul in order that the public may be better served.

2. The functions of this Ministry may be broadly classified under preventive and curative services and the executive divisions (Medical, Health and Dental) of the Ministry are based on this classification. Although the work of the divisions are co-ordinated at the Headquarters, in the field the staff of the various Divisions work in more or less water-tight compartments, an arrangement which was realised by Government as far back as 1962 as incompatible with modern concepts of medical administration. Furthermore, under the existing arrangement, the preventive service has not received the amount of attention that it deserves. Also, the present division of the Western Provinces into two zones for the purpose of medical administration does not, in my view, make for efficient supervision of services rendered by the field staff.

3. It is my belief that the solution of the Ministry's existing problems lies in the unification of preventive and curative services. I have, therefore, prepared a Memorandum outlining the pattern of the re-organisation I would recommend. The main features of the re-organisation are:-

- (i) unification of preventive and curative services and consequent abolition of existing Medical and health divisions of the Ministry and creation of single division for preventive and curative services;
- (ii) division of the Western Provinces into six districts for the purpose of medical administration;

- (iii) establishment of a Medical Advisory Board,
District Hospital Committees and Hospital
Advisory Committees.

p.56
As shown in Appendix 'E' to the Memorandum, the proposals will not involve any inncrease in the expenditure of the Ministry.

2-3.
4. I have had a meeting with a cross-section of the professional staff of the Ministry at which the proposals in the Memorandum were fully discussed. The majority of the medical officers present (see attached list) did not favour the unification of preventive and curative services. They held the view that preventive service was likely to suffer under unification and that the tendency would be greater concentration by Medical Officers on curative service than hitherto. They were, however, unable to put forward an alternative solution to the Ministry's problems. They also took the opportunity to express their dissatisfaction on the abolition of the post of a professional co-ordinator of medical and health services at Headquarters. It was further argued by the officers that the proposed re-organisation did not offer attractive promotion prospects. While I have great respect for professional opinion, I very much regret that I am unable to agree with the views of the majority of the officers present at the meeting. The impression I gained was that their fears are centred around their conditions of service rather than on any real disadvantages of the proposed arrangement.

5. It is my wish to submit the proposals to Government for consideration but before doing so, I would like to have the benefit of the views of my colleagues in the Ministries affected and to whom I have forwarded copies. Meanwhile, I should be glad if you would be good enough to let me know your reaction to the proposals.

Skungemi
Permanent Secretary
Ministry of Health

CONFIDENTIAL

Dr. S. O. Franklin, Controller of Medical Services
Dr. A. Alakija, Chief Health Officer
Dr. A. O. Sasegbon, Principal Medical Officer
Dr. G. R. H. Drew, Principal Medical Officer
Dr. A. Adesanya, Principal Medical Officer
Dr. R. O. Akinshete, Principal Medical Officer
Mr. N. E. D. Obasi, Chief Dental Officer
Dr. D. A. Akintonde, Senior Leprosy Officer
Dr. T. Asuni, Medical Superintendent, Aro, Abeokuta
Dr. E. A. B. Adenuga, Specialist Obst. & Gynae., Ijebu-Ode.
Dr. O. A. Banjo, Specialist Radiologist, Adeoyo.
Dr. F. A. Olapade, Specialist Obst. & Gynae., Adeoyo.
Dr. Z. A. Owolabi, Senior Medical Officer
Dr. S. A. Ogunlusi, Senior Medical Officer, Jericho N/Home.
Miss R. M. Sedgwick, Ag. Principal Matron
Mrs. S. A. Ogunbiyi, Ag. Senior Matron
Mr. A. Akinlawon, Hospital Secretary, Adeoyo.

MEDICAL AND HEALTH SERVICES IN WESTERN
PROVINCES OF NIGERIA

INTRODUCTION

Medical and Health Services in Western Provinces of Nigeria are provided by :-

- (i) The Government of Western Provinces of Nigeria, i.e. Government Hospitals, Urban Health Centres and Rural Health Centres.
- (ii) Voluntary Agencies, i.e. Mission Hospitals.
- (iii) Local Government Councils, i.e. Dispensaries, Maternity Centres, Rural Health Centres and Urban Health Centres.
- (iv) Private Medical Practitioners.

In this category, one may include the University Teaching Hospital, Ibadan, which has been established primarily for the training of doctors and those engaged in auxiliary professions.

PART I

Private Medical Practitioners

2. The Private Medical Practitioner must, in order to establish a practice in Western Provinces of Nigeria,
 - a) possess a Medical qualification which is acceptable for registration as a Medical Practitioner in Nigeria.
 - b) be placed on the register of Medical Practitioners in Nigeria.
 - c) have his hospital registered by the Chief Medical Officer under Section 3 of the Hospitals (Private) Registration Law Cap. 46 of the Laws of Western Region of Nigeria, 1959.
3. Subject to the provisions of the Hospitals (Private) Registration Law, a private hospital shall not be registered unless the Chief Medical Officer is satisfied -

- (a) that the medical practitioner in charge of, and any other medical practitioner connected with, the private hospital or any part thereof is qualified to practise any special branch of medicine there dealt with and is in all other respect a fit and proper person; and
- (b) that the nursing staff is adequate and in conformity with the provisions of any regulations made hereunder; and
- (c) that the matron or other person in charge of the nursing staff is a qualified nurse and holds a diploma or certificate of training in nursing recognised by the Chief Medical Officer; and
- (d) that the site, buildings and general amenities are in all respects satisfactory; and
- (e) that the equipment is suitable and sufficient to meet the requirements of such private hospital; and
- (f) that the private hospital contains not less than the minimum or more than the maximum number of beds in conformity with any regulations made hereunder; and
- (g) that the private hospital in all other respects complies with the provisions of any regulations made hereunder.

4. The Private Medical Practitioner maintains his hospitals from the fees he collects from patients attended to by him. It is the normal practice for practitioners in this field to demand a registration fee of say one guinea per adult and half of that amount for a juvenile. An additional fee is charged after examination depending on the seriousness of the case. This category of practitioners are patronised by those who can afford to pay the necessary fees or who feel that they cannot obtain satisfaction in hospitals which provide services at cheaper costs.

5. The number of persons known to be practising as private medical practitioners in the Western Provinces is very few. There are at present 12 of them and their hospitals or clinics are established in urban centres. Nine of these are at Ibadan, two are at Agege and one is at Abeokuta. Where they exist, they no doubt relieve the Voluntary Agencies and Government Hospitals operating in the same area of some of their burdens.

6. The general feeling of private medical practitioners seems to be that they are in competition with some medical practitioners employed in Government Hospitals who engage in private practice. Some of the Government Medical Practitioners who engage in private practice can afford to charge lower fees than are charged by private medical practitioners since the former do not depend on their earnings in private practice for their livelihood.

7. Private Practice by Government Medical Practitioners:

Western Nigeria General Order 04215 provides that:

"No officer or employee, other than a Medical Officer, may render professional assistance to private persons or firms, or accept remuneration for it, except with the written permission of the Treasury, which will not usually be accorded unless it is to the public advantage that it should not be withheld; the amount of the remuneration must be approved by the Treasury. Such remuneration must be paid into a Treasury Cash Office on deposit until the orders of the Treasury as to the share, if any, which may be received by the officer personally are known."

In the Western Provinces, therefore, a government medical practitioner is permitted to do private practice so long as such practice is not carried on in a Government hospital. It is understood, however, that private practice by medical practitioners employed in Government service is forbidden in the Eastern Provinces of Nigeria.

8. The argument in favour of private practice by Government Medical Officers is that there are not enough private medical practitioners in practice in the Provinces. The people voluntarily approach the Government Medical Practitioners for attention outside their normal hours of work. These officers cannot refuse to attend to those who seek medical attention from them and by attending to those concerned they save them from falling into the hands of "quack doctors" who are known to be operating illegally in various places in the Provinces. The solution might lie in the improvement by Government of the services provided so that people could enjoy medical facilities in Government Hospitals from morning till the evening. In that event, private practice could be abolished and the remuneration of government doctors increased to compensate for this.

9. The argument against private practice by those employed in Government Hospitals is that by being in the hospital, they are in a position to divert to their "clinics" some of the patients who call on them for medical attention during their normal hours of work; that the desire for private medical attention by those concerned is usually induced and not spontaneous. It is also argued that the remuneration of Government Medical Practitioners cover not only the periods spent on duty but also those outside the prescribed hours of work. By the nature of his duty a Government Medical Practitioner is expected to be available throughout the 24 hours of the day to attend to any emergency calls on his service and when not on call, to make it possible for him to see his patients under treatment in the hospitals as frequently as the case of a patient may deserve. Further, it is argued that it is difficult to assess accurately the incomes of such Government doctors for purposes of taxation. Another argument usually advanced is that it would be difficult to stop private practice among Government doctors unless their salaries are considerably increased.

10. There is much to be said either for or against private practice by doctors employed in Government Service. In examining the matter, however, one has to take into consideration the circumstances which led Government to placing Medical Officers in its employment in a privileged position with regard to working for private persons or firms. It is believed that the shortage of doctors and the great importance attached to the health of the people led to the grant of the privilege of private practice to Government Doctors. The question that then comes to mind is whether the position regarding the availability of doctors has improved to such an extent that the prohibition of private practice would not have an adverse effect on the public. It is well known that doctors are still in short supply. For this reason it seems that the time is not yet opportune for the abolition of private practice by Government Doctors. There have however, been abuses of the privilege and a number of government doctors are known to have established what may be regarded as private hospitals. It is, therefore, suggested that steps be taken to check these abuses. One way of doing this is to require government doctors who engage in private practice to register the places where the practice is carried on and to keep accounts of their earnings from this source. Such places will of course have to be approved by the Chief Medical Officer as private hospitals in accordance with the provisions of the Hospitals (Private) Registration Law.

As the question of private practice is one that affects the whole country and in view of the recent pronouncement that the subject of health would be a federal one, it is suggested that consideration be given to the appointment of a working party to look into the matter of private practice by doctors employed in government service all over the country.

11. In the Western Provinces, a Government doctor who is posted to duties outside hospitals receives a staff pay of £150 per annum as compensation for an undertaking by him not to engage in private practice.

This amount is considered totally inadequate. It is, however, hoped that the Elwood Grading Team will deal with this point and, therefore, no recommendation in this regard is here made.

12. The following points emerge from the consideration of the position of private medical practitioners:-

(i) There are very few private medical practitioners in the Western Provinces and these few are in operation in three of the many urban centres in the Provinces;

(ii) Medical Practitioners are still in very short supply.

The people of the Region will have, for a long time to come, to continue to rely on facilities provided by the Government and Voluntary Agencies. There are, however, a number of Medical Practitioners who are leaving the Government service on reaching the age limit. There are others who do not wish to work under Government or a Voluntary Agency. These should be encouraged by the Government to establish private hospitals by granting them financial assistance towards the purchase of essential equipment and instruments. Such assistance may be in form of a loan, repayable with or without interest over a number of years. The amount of such a grant should be determined in consultation with the Medical Advisory Board (see paragraphs 30 and 31 below) and should not exceed the cost of providing the minimum essential requirements for a person who is starting a private practice. Preference should be given to those who wish to establish a practice in a rural area.

PART II

Local Government Councils

13. Local Government Councils provide in their respective areas of authority, health centres, maternity centres and dispensaries. For the purpose of supervision by Government Officers, the whole of the Western Provinces is divided into two zones, namely Ibadan Health Zone comprising Ondo, Ibadan and Oyo Provinces and Ikeja Health Zone comprising Abeokuta, Colony and Ijebu provinces.

14. There are at present 102 Urban Health Centres, the details of which are shown in Appendix 'A'. These are manned by Public Health Inspectors, Sanitary Overseers, Midwives and Dispensary Attendants. Supervision is provided by Government Medical Officers in charge of Rural Health Centres of which there are 11, six of which are situated in Ibadan Health Zone and 5 in Ikeja Health Zone. Particulars of the Centres in each Zone are as follows :-

A. Ibadan Health Zone:

- (i) Ikire Rural Health Centre
- (ii) Oyan Rural Health Centre
- (iii) Igbo-Ora Rural Health Centre (This is run in collaboration with the University College Hospital. The Centre is used for the training of Medical Students in Preventive Medicine. The Hospital provides the service of three Medical Officers. Funds for the maintenance of the Centre are provided partly by the Government and partly by the University College Hospital to which financial assistance has been granted by the Rockefeller Foundation to assist in the running of the Centre).
- (iv) Imesi-Ile Rural Health Centre
- (v) Aramoko-Ekiti Rural Health Centre
- (vi) Araromi-Obu Rural Health Centre

B. Ikeja Health Zone:

- (i) Ilaro Rural Health Centre
- (ii) Ikorodu -ditto-
- (iii) Meko "
- (iv) Ishara "
- (v) Ketu (Ejinrin) Rural Health Centre.

In addition to Local Authority Health Centres (these usually consist of a Maternity Centre, a Dispensary and a Health Office),

198

the Regional Government maintains Health Offices at the following places :-

Ibadan Health Zone

Ibadan
Oshogbo
Ogbomosho
Ondo
Ado-Ekiti
Okitipupa
Oyo
Ilesha
Akure.

Ikeja Health Zone

Ikeja
Ilaro
Abeokuta
Ijebu-Ode
Shagamu
Badagry
Epe

The Health Offices are supervised by a Medical Officer of Health or a Rural Medical Officer. The Medical Officer of Health or the Rural Medical Officer is assisted by Health Superintendents, Public Health Inspectors, Health Sisters, Community Nurses and Midwives. Appendix 'B' is a schedule showing the number of Dispensaries and Maternity Centres in Western Provinces of Nigeria together with the number of persons employed thereat.

15. The present position is that health services in the Western Provinces are under the dual control of local government councils and the Government. This situation has given, and continues to give, rise to some misunderstanding and some amount of friction between the councils and Government health staff, with consequent adverse effects on health services. The existing arrangement deserves an urgent review and in this connection, it has been suggested that the control of health services should rest solely with the local government councils or the Government.

16. Local Government Councils are unable to carry out the services efficiently owing to lack of adequate funds to employ suitable professional staff and due to weaknesses in the local government administration caused by political considerations and the poor educational standards of most members of such Councils.

If the calibre of members of councils can be improved, the best arrangement will be for each council to assume responsibility for health matters in its area of authority. In that event, Government may second to local government councils professional officers of the right calibre until such time as the councils can provide their own staff in adequate numbers and quality or absorb those seconded to them by Government. Under such an arrangement, financial assistance should be provided by way of grants as at present. The grant payable to a council should be related to the cost to the Authority of providing adequate senior professional staff. The Government should also continue, as at present, to reimburse councils for such services as free medical treatment given to children under the age of 18.

17. The alternative to the proposal in paragraph 15 above is for the Government to assume complete control of health services throughout the Western Provinces and require local government councils to contribute towards the cost of providing the services. If the proposal is acceptable in principle, details of it can be worked out.

18. A matter of immediate concern is the question of the control of local government staff engaged in medical and health services. Prior to June, 1964, the Head of Department of a local government council had disciplinary control over the staff employed in his Department by virtue of the provisions of sections 59 and 60 of the Local Government (Staff) Regulations, 1960 (W.N.L.N. 376 of 1960). In their capacity as Heads of Departments of the Medical and Health Departments of councils, Government Medical Officers were then in a position to exercise control over medical and health staff employed by the councils. However, in June, 1964, by an amendment to the 1960 Staff Regulations, i.e. the Local Government (Staff) (Amendment) Regulations 1964 (W.N.L.N. 237 of 1964), the power of instituting disciplinary action against local government staff was withdrawn from Heads of Departments and transferred to councils.

The effect of this has been the weakening of the control of Heads of Departments over their staff. This has resulted in a fall in the efficiency of the staff and with a consequent detriment to services expected from them. It is strongly recommended that the power of disciplinary control over staff be restored to Heads of Departments.

PART III

Voluntary Agencies

19. There are at present eleven voluntary Agencies' Hospitals operating in the Western Provinces of Nigeria, namely :-

- | | |
|--|-------------|
| (i) St. Louis Combined Hospital, Owo | - R.C.M. |
| (ii) Ile-Abiye Hospital, Ado-Ekiti (Maternity) | - C.M.S. |
| (iii) Sacred Heart Hospital, Abeokuta | - R.C.M. |
| (iv) Maria Assumpta Hospital, Ado-Ekiti (Maternity) | - R.C.M. |
| (v) Seventh-Day Adventist Hospital, Ile-Ife
(General) | - S.D.A. |
| (vi) Wesley Guild Hospital, Ilesha (General) | - Methodist |
| (vii) Baptist Hospital, Shaki (General) | - Baptist |
| (viii) Baptist Hospital, Ogbomosho (General) | - Baptist |
| (ix) Catholic Hospital, Oluyoro, Ibadan (General) | - R.C.M. |
| (x) Catholic Hospital, Ijebu-Igbo (General) | - R.C.M. |
| (xi) St. Mary Hospital, Eleta, Ibadan (General) | - R.C.M. |

These hospitals are registered under the Hospitals (Private) Registration Law, Chapter 46, and they fall in the same category as hospitals managed by private medical practitioners. They differ in one respect, however, in that their proprietors, the Voluntary Agencies, are paid by the Government certain grants which are not payable to private medical practitioners. The subject of grants will be discussed fully later in this Memorandum.

20. The registration of hospitals owned by Voluntary Agencies is subject to the same conditions as are applicable to hospitals managed by private medical practitioners. These conditions are set out in detail in paragraph 2 supra.

PART IV

Services Provided by the Government Of
Western Provinces of Nigeria

21. The services provided by the Government of Western Provinces may be described broadly as preventive and curative. The preventive service is concerned with the running of health centres, the supervision of local authority maternity centres and dispensaries, organisation of school health service, environmental hygiene and sanitation, health education, training of health staff and the execution of the following health programmes jointly undertaken with the World Health Organisation and United Nations International Children Emergency Fund:

- (i) Leprosy Control
- (ii) Malaria Eradication
- (iii) Tuberculosis
- (iv) Yaws Control.

The curative service embraces the supervision of private hospitals and the running of hospitals owned by the Government.

22. Existing Organisation: The whole of the Western Provinces is divided into two zones for the purpose of the administration of preventive and health services. One of the zones covers Abeokuta and Ijebu Provinces and the Colony Province. The headquarters of the zone is at Ikeja. An officer of the grade of Principal Medical Officer, Group 6, serves as the co-ordinator of hospital services in the zone. Similarly, an officer, the Principal Health Officer, Group 6, has responsibility for the co-ordination of preventive services in the zone. The other zone comprises Ibadan, Oyo and Ondo Provinces with its headquarters at Ibadan where, as in the case of Ikeja, are based a Principal Medical Officer (Administration)

They have been training for seven years and naturally at the end of the training they would wish to apply the knowledge they have gained. Posting to a Rural Health Centre provides little opportunity for curative practice to which they attach greater importance. The result is that the young Medical Officer tries to get himself posted to a hospital. If he is bonded to serve the Government he continues to try to obtain a posting to a hospital and if he does not succeed before the end of the period of his bond he leaves the service. If not bonded to Government, he leaves the service as soon as he can find an alternative appointment. Doctors still being in short supply, it is not difficult for such officers to secure appointments elsewhere. Besides, those who stay on at the Rural Health Centres employ most of the time on curative work and perform surgical operations for which the Centres are ill-equipped. The maximum number of beds in any of these Centres is four; the Centres are far away from the headquarters and little control can be exercised over Rural Medical Officers.

26. It is considered that the remedy to this unsatisfactory state of affairs lies in the unification of preventive and curative services. In a developing country such as ours, preventive must be given great attention since this will result in the reduction of the number of cases which will be coming to the hospitals and which can be avoided through preventive measures.

27. If the proposal to unify the curative with preventive service is accepted, it is suggested that the Governor should appoint all Medical Officers in the Provinces as Medical Officers of Health. See provisions of Section 3(1) of the Public Health Law (Cap. 103). Such a step will go a long way towards the solution of our difficulties in preventive medicine; it will be possible for the services of every Medical Officer in the Provinces

to be used on preventive as well as curative work as may be necessary in the best interest of the country and the fears of doctors of lack of prospects in the field of preventive medicine will be allayed.

28. It is recommended that for the purpose of the administration of medical services, the Western Provinces be divided into six districts in each of which there will be a hospital (to be known as District Hospital) which will be adequately equipped for surgical and other purposes and to which will be posted a number of specialists. Serious cases will be transferred to that Hospital from other hospitals in the district for specialist attention. There will be in charge of the district hospital a senior Medical practitioner of, say, Group 5 status who will be styled "District Medical Officer of Health." He will be responsible to the Ministry Headquarters for all medical activities in the district (including the supervision of private hospitals, Government hospitals, Local Government Maternity Centres and Rural Health Centres) and for other public health matters. It will be his responsibility to ensure that all professional officers in his district perform their duties efficiently. He will arrange the deployment to the best advantage of general Medical practitioners as between various sections of the district hospital and the peripheral hospitals. The following is the proposed schedule of duties of the District Medical Officer of Health:-

- (a) Continuous advice to the Ministry on the best use of available beds and facilities for patients;
- (b) Co-ordination of the work of the various sections of the medical department of the District Hospital and matters of clinical administration arising therefrom;
- (c) Medical supervision and control of admissions and discharges;

- (d) Survey of waiting lists and the action to be taken to meet varying pressures on different departments;
- (e) Supervision and co-ordination of medical auxiliaries, e.g. Laboratory Technicians, Radiographers, Physiotherapists etc;
- (f) Medical aspect of the Almoner's work;
- (g) Medical arrangements for the smooth running of the out-patient clinics, casualty department, appointment system (if any);
- (h) Supervision of medical equipment and medical supplies in co-operation with the Superintendent Pharmacist;
- (i) Medical Records;
- (j) Discipline of junior medical officers and house officers;
- (k) Notification of infectious diseases, control of cross infection etc;
- (l) Supervision of the blood transfusion service and any other medical services provided for several groups but located in one group.

To start with, there will be posted to the District Hospital, in addition to the professional officer in charge, a Surgeon, an Obstetrician, a Physician, a Medical Officer of Health and a number of General Medical Practitioners. The other special services in which there is an acute shortage of personnel will be provided by touring officers but there will be in the hospital Technicians able to handle normal cases.

206
10
29. It is considered that for the efficient running of the district hospital there should be ^{three} ~~four~~ departments as follows:-

- (i) Medical: The responsibility for the work of the Department shall be that of the District Medical Officer of Health whose schedule of duties is described in detail in paragraph 28 above.
- (ii) Nursing: The Head of the Department shall be a Matron who shall be responsible to the District Medical Officer of Health for the efficient performance of nursing duties in all the hospitals in the district. She will advise the District Medical Officer of Health on the deployment of nurses as between hospitals, Rural Health Centres and so forth. The schedule of duties of the Matron will be as follows:-
 - (a) Nursing and general welfare of patients;
 - (b) Training of Nurses
 - (c) Discipline and welfare of nursing staff;
 - (d) Supervision of Nurses Hostels;
 - (e) Control of Ward Inventories;
 - (f) Control of Ward requisitions;
 - (g) Day-to-day administration of the wards.
- (iii) Administration and General:

Certain administrative functions in a hospital are wholly lay in character. Due to shortage of trained personnel, some of these functions have been and are still being performed by doctors and nurses. This fact has tended to obscure the essentially lay character of the functions in question and has resulted in the general view that medical administration and lay administration are one and the same thing. In fact the mere mention of a lay administration is almost sacrilege in some quarters! At Adeoyo and Iro Hospitals where there are lay administrators, who are designated Hospital Secretaries, the division of functions between lay

and medical administrators is arbitrary, over-lapping and generally ill-defined. It is, therefore, essential that the province of lay administration in hospitals should be clearly defined. The Administration Department which will be headed by a Hospital Secretary will be responsible to the District Medical Officer of Health for the following:-

- (a) Finance
Preparation of the Estimates in respect of the district. Control of votes.
Revenue Collection;
Checking and Payment of bills;
Payment of salaries and wages
Preparation and submission to Headquarters of Financial Returns
- (b) Supplies:
Ordering and ensuring delivery of essential supplies other than drugs.
- (c) Establishment:
Responsibility for establishment matters in respect of staff working in the District;
Control and discipline of non-professional/technical staff.
- (d) Maintenance of Building and Plant:
- (e) Laundry:
- (f) Catering and Food Supplies:
- (g) Farms, grounds and gardens:
- (h) Records and Medical Statistics.
- (i) Safe Custody of all Files and other hospital documents:

30. The proposed District Hospitals will be established in the following places:-

Government Hospitals

(i) Abeokuta for

General Hospital, Abeokuta	170
- d i t t o - Ilaro	67
Rural Health Centre, Igbo-Ora	4
- d i t t o - Meko	4
" Ilaro	3
" Ishara	4

Private Hospitals

Sacred Heart Hospital, Abeokuta	170
St. John's Clinic	-
Public Health Offices.	

(ii) Akure for

General Hospital, Akure	139
- ditto - Iddo-Ekiti	52
" Ondo	57
" Ikare	78
Rural Health Centre, Aramoko	4

Private Hospitals

St. Louis Combined Hospital, Owo	166
Maria Assumpta Hospital, Ado-Ekiti	31
C.M.S. Ile-Ibiye Maternity Hospital Ado-Ekiti	46
Public Health Offices.	

(iii) Ibadan Central Unit for

Government Hospitals

Adeoyo Hospital, Ibadan	276
Jericho Nursing Home, Ibadan	33
Jericho Annex Maternity, Ibadan	
Government Chest Clinic, Jericho, Ibadan	20
Rural Health Centre, Ikire	4
General Hospital, Iwo	64

Private Hospitals

For Purposes of Supervision

Catholic Hospital, Oluyoro Ibadan	87
St. Mary's Hospital, Eletu, Ibadan	40
St. Joan's Hospital, Ibadan	10
N.T.C Clinic, Ibadan	-
School Clinic, Govt. College, Ibadan	-
Alafia Hospital, Ibadan	20
Omowumi Hospital, Ibadan	11
Oke-Ado Hospital, Ibadan	20
Oshodi Hospital, Ibadan	4
Ola-Ojuba Nursing Home, Ibadan	10
Dr. Omitowoju Clinic, Ibadan	20
Public Health Offices	

(iv) Ikeja for

No. of Beds as
at Nov. 1965

209

Government Hospitals:

General Hospital Badagry	69
- ditto - Ikeja	76
Ikorodu Rural Health Centre, Ikorodu	4

Private Hospitals

Northumbria Clinic, Agege	15
Ankuri Nursing Home, Age	5

Public Health Offices

(v) Ijebu-Ode for

Government Hospitals

General Hospital Ijebu-Ode	179
-ditto - Ibiade	48
" Epe	52
" Shagamu	95
" Okitipupa	54
Rural Health Centre, Araromi-Obu	4
-ditto- Ketu-Ejinrin	4

Private Hospitals

Catholic Hospital, Ijebu-Igbo	18
Public Health Offices.	

(vi) Oshogbo for

Government Hospitals

General Hospital, Oshogbo	98
- ditto - Ogbomosho	54
" Ife	48
" Ilesha	48
" Ede	48
" Oyo	90
Rural Health Centre, Oyan	4
- ditto - Imesi-Ile	4

Private Hospitals

Baptist Hospital, Shaki	40
- ditto - Ogbomosho	90
Wesley Guild Hospital, Ilesha	126
Seventh-Day Adventist Hospital, Ile-Ife	125
Public Health Offices.	

31. Psychiatric Service:

Psychiatric Service is provided at the Aro Mental Hospital and Lantoro in Abeokuta. The present arrangement whereby the Specialist in charge of the Mental Hospital is responsible to the Principal Medical Officer at Ikeja to whom all correspondence emanating from the Mental Hospital and addressed to the Ministry Headquarters at Ibadan first go has proved to be unsatisfactory.

210
It is considered therefore that the Hospital should be regarded for purposes of administration as a District Hospital and will be served by Lantoro Institution. Aro has the largest expanse of land and the largest staff of all medical units in the provinces. It is also unique in that it has certain equipments which are not used in general hospital and certain cadres of officers like the Occupational Therapists not used in general hospitals. It has the only Psychiatric Nurses' Training School in the whole country and it is the only mental hospital in the country fit enough for teaching of students.

32. It is proposed that psychiatric units should be established at the District Hospitals save Abeokuta in view of its proximity to Aro. This will be an out-patient department which will be visited by a Psychiatrist once a week. A start will be made with Adeoyo. The Psychiatrist will in addition to giving attention to out-patients attend to other cases in the hospitals with psychiatric complications. If the demand justifies, a Psychiatric Nursing Sister or Nursing Superintendent may be posted to the District Hospital to nurse psychiatric cases. A paper will be submitted later on the improvement which is desirable to cope with the increasing responsibility of this Institution.

33. Ministry Headquarters: There will be four Divisions at the Ministry's Headquarters, viz -

- (i) The Preventive and Curative Division, the head of which shall be the Controller of Medical Services or the Chief Medical Officer. He will be assisted by two Deputies;
- (ii) Nursing Division - The Chief Nursing Officer shall be the head of the Division;
- (iii) Dental Division The Chief Dental Officer will be in charge of the Division. He will be the adviser to the Permanent Secretary on matters pertaining to dental services in the Western Provinces.
- (iv) Administration and General Division, the head of which shall be an Under Secretary. Hospital

Secretaries and other officers employed on purely administrative work in hospital such as clerical officers, messengers etc will come under this Division.

Appendix 'C' shows the existing organisation while the proposed set-up is shown in the Organisation Chart in Appendix 'D'. Details of the financial implications of the proposed re-organisation are given in Appendix 'E'.

PART V

Establishment of a Board and Committees.

34. Medical Advisory Board. In the interest of efficient administration of Medical and Health Services in the Western Provinces it is considered essential that there should be close collaboration between all agencies (Government and Private) providing the services. Such collaboration is at present lacking and it is, therefore, proposed that a Medical Advisory Board should be established. The membership of the Board should include representatives of Government, the University College Hospital, Ibadan, Voluntary Agencies and Private Medical Practitioners operating in the Western Provinces. The Chairman should be the Permanent Secretary of the Ministry of Health. Government representation on the Board should include, in addition to the Permanent Secretary of the Ministry of Health, the officer holding the post of Chief Medical Officer of Health, the Chief Dental Officer and the most senior of the Specialists in the field of preventive and curative medicine.

35. The body will serve as a forum for those engaged in medical practice in the Provinces where matters of common interest can be discussed and suggestions can be put forward to Government as to programme which Government may embark upon in improving the health services provided by all those concerned. This kind of body will be useful to a great extent in the field of preventive medicine where notes on knowledge gained in the field can be compared and recommendations made to Government as to what measures may be taken to tackle the problems. The body may also be consulted on

212
matters which may affect those engaged in medical practice, for example the question of private practice by Government Medical Officers, or on Government programme to eradicate such diseases as can be prevented by immunisation, vaccination and so forth.

36 District Hospital Committee: The medical profession and practice are highly specialised and complex. No one doctor, however brilliant, can single-handedly co-ordinate the functions of the various Specialists effectively and without bias for his own specialty. Furthermore, Specialists regard as interference in the affairs of their departments any attempts by a sole medical administrator to control and/or supervise the work of the Specialists. Specialists, however, submit more readily to the decisions of a Committee even though such decisions may not be pleasing to them. For the foregoing reasons, it is proposed that there should be established for each district hospital a District Hospital Committee. The District Medical Officer of Health will be the Chairman of the Committee and members will be drawn from all sections of the District Hospital. The Committee system will promote goodwill and co-operation among the hospital staff and will also encourage clinic audit and research in the more acceptable atmosphere of a Committee meeting as opposed to the objectionable system of a senior doctor (who is not necessarily a better practitioner) criticising the work of a junior doctor.

37. Hospital Advisory Committee: At present there exist in the Western Provinces Hospital Visiting Committees first established in 1952. The purpose, composition and functions of these Committees are set out in the pamphlet attached to this Memorandum as Appendix 'F'. It has been observed that the Committees have not been as effective as is desired. In order that the purpose underlying their establishment may be fully achieved, it is proposed to replace the existing Visiting Committees with Hospital Advisory Committees composing of representatives of private Agencies providing medical facilities in Western Provinces and of enlightened and public spirited persons interested in the work of the Ministry of Health. It is

213

considered that representation of the following bodies on the Advisory Committees should be specifically provided for —

- (i) Voluntary Agencies running hospitals in Western Provinces.
- (ii) Private Medical Practitioners;
- (iii) Local Government Councils
- (iv) University College Hospital (for Ibadan District Hospital only)

PART VI

Legislation

38. Under the Hospitals (Private) Registration Law, every private hospital is required to be registered by the Chief Medical Officer who will not approve its registration unless he is satisfied subject to the provisions of the above law, that:-

- (a) the Medical Practitioner in charge of, and any other Medical Practitioner connected with, the private hospital or any part thereof is qualified to practise any special branch of medicine there dealt with and is in other respect a fit and proper person; and
- (b) that the nursing staff is adequate and in conformity with the provisions of any regulations made under the Law; and
- (c) that the matron or other person in charge of the nursing staff is a qualified nurse and holds a diploma or certificate of training in nursing recognised by the Chief Medical Officer; and
- (d) that the site, buildings and general amenities are in all respects satisfactory; and
- (e) that the equipment is suitable and sufficient to meet the requirements of such private hospital; and
- (f) that the private hospital contains not less than the minimum or more than the maximum number of beds in conformity with any regulations made under the Law, and

- (g) that the private hospital in all other respects complies with the provisions of any regulations made under the Law.

The Chief Medical Officer may, after consultation with the Medical and Dental Association with the approval of the Governor, make regulations in respect of the Institution, conduct, supervision and inspection of private hospitals and generally for carrying into effect the purposes of the Law - Chapter 46 and without prejudice to the generality of the power so conferred, in particular for -

- a) prescribing any matter or thing required to be prescribed under the provisions of this Law;
- b) prescribing the standards of sanitary arrangements;
- c) regulating the accommodation for patients and nursing staff;
- d) regulating the accommodation and equipment for operating theatres, laboratories, sterilisation and disinfection, pharmacies and other similar purposes;
- e) prescribing the qualifications and training of the nursing staff and the number of qualified nurses to be employed in proportion to the number of beds available;
- f) regulating the preparation and storage of food and drugs and, where drugs are dispensed in a private hospital, the number of qualified pharmacists to be employed;
- g) regulating the arrangements for disinfection and the prevention of the spread of infection;
- h) prescribing the arrangements to be made for the prevention and control of fire and for the safety of patients and staff in the event of fire;
- i) prescribing the records and statistics to be kept and the mode of keeping them;
- j) prescribing the registers and records to be kept in respect of patients;
- k) prescribing the notification of deaths, births, still-

- k) births, miscarriage and abortions and also infectious diseases;
- l) regulating the admission and discharge of patients;
- m) prescribing the hours of work and working conditions for the nursing staff;
- n) regulating general medical and domestic arrangements;
- o) prescribing the records to be kept when a child is born;
- p) prescribing penalties up to a maximum of two hundred pounds or six months' imprisonment or both such fine or imprisonment for offences against any of the regulations made hereunder.

39. To date, no regulations have been made in respect of any of the matters referred to above save that the matter of training of nursing staff has been dealt with the Nursing Council of Nigeria. Although periodic visits of inspection are said to be paid to some of the private hospitals, nothing has been laid down to guide proprietors on standards to be aimed at. It is considered that the Controller of Medical Services who is the Chief Medical Officer for Western Provinces should in consultation with the Chief Medical Adviser in the Federal Ministry of Health undertake the preparation of suitable regulations covering the matters listed as (a) to (p).

40. General Sanitation:

(i) It has been brought to my notice that by the amendment made to the Destruction of Mosquitoes Law by which Sanitary Overseers were made Sanitary Authority has not worked satisfactorily. Most of Sanitary Overseers are illiterate and one cannot rely upon them to carry out their functions without undue political influence. It is considered that the Law should be amended to exclude the Sanitary Overseers as Sanitary Authority.

(ii) Some members of the public are in the habit of excreting or urinating in public places. Prior to 1959, persons who committed nuisances in public places could be apprehended at the place where the nuisance was created. Under the existing Laws, such persons can only be served notice to remove the nuisance.

This situation is most unsatisfactory. It should be made possible for the person committing nuisance in an open place to be apprehended at the place and at least be caused to remove the nuisance at once. It is considered that the Law should be amended to make this possible.

P A R T VII

GRANTS.

41. In 1951 a scheme for the provision of Grants-in-Aid to Native Authorities was approved. This provided, among other things for Medical and Health Grant of 10% of all expenditure for a period of 10 years commencing from 1st of April, 1951. In addition, a grant of 40% of capital cost of a new Centre or of the cost of improving an existing Dispensary was also provided plus a grant of £100 per annum in respect of the current expenditure for a period of 3 years after the date of opening as a fully-equipped Rural Health Centre.

42. The conditions under which the grants were approved were laid down in a letter dated 29th June, 1950, signed by Mr A.G.R.M. Monring, Secretary, Western Provinces, and is repeated hereunder:

"Rural Health Centres. A Rural Health Centre should consist of a Dispensary and a Maternity and Child Welfare Clinic. Approval by the Deputy Director of Medical Services, Western Provinces, of recommendations for grants-in-aid for Native Administration Rural Health Centres will depend on the following conditions being satisfied:-

- (i) The Resident and Senior Medical Officer must be satisfied that the area is under-served.
- (ii) The Senior Medical Officer must be satisfied that:
 - (a) Adequate and regular medical supervision will be possible.
 - (b) The necessary trained staff to run the centre will be available.
 - (c) The proposed site is suitable and that the building plans conform with health requirements also that adequate quarters for the staff are to be provided.

2. If possible a Native Administration Sanitary Inspector or Sanitary Overseer should be attached to the Dispensary and be provided with an office and sanitary store.
 3. For administration and supervision it is desirable that the Maternity section should be in the same compound as the rest of the Rural Health Centre, but it should be housed separately and to ensure a degree of privacy, should not be within 50 feet of any of the other buildings of the Rural Health Centre.
 4. The addition of a Maternity and Child Welfare Clinic to an existing dispensary would qualify the unit for the grants as a Rural Health Centre."
43. The present position is that no grants are made in respect of capital cost and grants currently payable to a local government council are in respect of health services provided by it in its area of authority plus an amount of 4d per head of persons to whom free medical treatment is given. This grant is payable quarterly and claims must be submitted within 8 weeks from the end of the particular quarter covered by the claims.
44. Voluntary Agencies are paid grants as follows:-
- (a) Out-patient: Government pays 3/- per child under 18 years of age per attendance.
 - (b) In-patient: £10.16/-d is payable per unit. A unit is determined by the total number of days spent in bed by all the patients divided by the number of days in the particular quarter in respect of which the claim is made. 1/-d per child per attendance is payable in respect of attendances in the Dispensary or Clinics under the Institutions.
 - (c) Bed-occupancy grant: A yearly payment of £15 per bed is made in respect of a bed occupied in the hospital for 365 days. The amount due is determined by dividing the number of days spent in hospital by 365 days to get a unit which is multiplied by £15

- (d) Training grant: This grant is payable to Voluntary Agencies in respect of Nurses and Midwives trained by the hospital and who successfully complete such training. A sum of £270 is payable in respect of a qualified Nurse, £180 is payable in respect of Grade I Midwife and £75 is payable in respect of a Grade II Midwife.

45. While the payment of grant to Local Government Councils in respect of their health services is supported, it does not appear that there is any justification for the continuation of the payment of grants payable to Voluntary Agencies other than that payable in respect of children under 18 years of age for whom Government is obliged to provide free medical treatment. It will be observed that local government councils are being paid 4d per person under the age of 18 for every attendance while the Voluntary Agencies receive 1/-d per person on each occasion the person is given medical attention. Sometime ago there was a move to review the rates of grants payable to Voluntary Agencies, certain reductions were recommended but no decision was taken. It is considered that such grants as Bed-occupancy grant, the In-patients and Out-patients grants should no longer be paid. Grants to Voluntary Agencies should be limited to free treatment provided by these bodies to children under 18 years. The payment of other forms of grants seem to place on the government responsibility for the maintenance of the Voluntary Agencies hospitals even though the Government has no control over the day-to-day administration of such hospitals. Apart from these, Voluntary Agencies are in the same position as private medical practitioners and should, therefore, not be treated differently.

APPENDIX 'A'

LIST OF LOCAL GOVERNMENT COUNCILS
URBAN HEALTH CENTRES

<u>D I V I S I O N</u>	<u>P L A C E</u>	<u>N O . O F C E N T R E S</u>
Badagry	Ojo	3
	Badagry	
	Ajeromi	
Epe	Epe	6
	Eredo	
	Agbowa	
	Ibeju	
	Ejinrin	
	Lekki	
Ikeja	Ikeja	4
	Agege	
	Ikorodu	
	Mushin	
Egba	Abeokuta	8
	Odeda	
	Imala	
	Ikereku	
	Obafemi	
	Owode	
	Ifo	
	Otta	
	Aiyetoro	
Egbado	Ilaro	5
	Ipokia	
	Ajilete	
	Ado-Owode	
Ekiti	Oye	9
	Ido	
	Aisegba	
	Ikole	
	Ikere	
	Otun	
	Ijero	
	Efon-Alaye	
Okitipupa	Irele	
	Okitipupa	
	Ikoya	
	Gbekebo	

220

D I V I S I O N

- . 2 -

P L A C E

N O . O F C E N T R E S

Ondo

Ajitere

5

Akure

Idanre

Igbara-Oke

Ondo

Ile-Oluji

Kajola

Ore

7

Owo

Omuo

Arigidi

Ajowa/Ikeram

Ikare

Akungba

Ogbagi/Irun

Ishua

Oka

Ifon

Idoani

Owo

11

Ibadan

Ibadan

Lalupon

Akanran

Olode

Idi-Ayunre

Iddo

Moniya

Igbo-Ora

Eruwa

9

Oshun

Ejigbo

Ede

Iwo

Ogbomosho

Oshogbo

Ilobu/Ifon

Iragbiji

Okuku

Ikirun

Gbongan

Ikire

Ago-Owu

12

- 3 -

DIVISIONPLACENO. OF CENTRES

Ife

Ife

Ila

2

Ilesha

Ilesha

Ilesha

Ilesha

3

Oyo

Iseyin

Oyo

Kishi

Shaki

Ome-Iho

Ane-(Temp.)

6

Ijebu-Ode

Ijebu-Ode

Odogbolu

Ijebu-Igbo

Ago-Iwoye

Oru

Attan

Abigi

Idowa

Ijebu-Ife

Imushin

Ogbere

11

Remo

Shagamu

1

222

ARCHIVES OF OYSCAC

LIST OF DISPENSARIES IN WESTERN NIGERIABADEAGRY DIVISION

	<u>N a m e s</u>	<u>Location</u>
1.	Local Authority Dispensary	Ojo
2.	--ditto--	Ibeshe
3.	"	Irewe
4.	"	Iganmu-Odan
5.	"	Oto-Janikin
6.	"	Igbologun
7.	"	Badeagry
8.	"	Pota
9.	"	Ajido
10.	"	Igbogbele
11.	"	Boglo
12.	"	Ajara
13.	"	Ilogbo
14.	"	Ajeromi

EPE DIVISION

1.	Local Authority Dispensary	Epe
2.	--ditto--	Oriba
3.	"	Ise
4.	"	Idaho
5.	"	Eredo
6.	"	Agbowo
7.	"	Inota
8.	"	Ajebo-Orugbo
9.	"	Ibeju
10.	"	Orimedu
11.	"	Gbogije
12.	"	Ejinrin
13.	"	Igboodu
14.	"	Lekki
15.	"	Idottun
16.	"	Igbolomi

IKEJA DIVISION

1.	Local Authority Dispensary	Ipaja
2.	--ditto--	Iju
3.	"	Agboyi
4.	"	Idimo
5.	"	Egan
6.	"	Ojokoro
7.	"	Oregun

IKERAJA DIVISION (Contd.)

	<u>N a m e s</u>	<u>Location</u>
8.	Local Authority Dispensary	Agege
9.	--ditto--	Ikorodu
10.	"	Ijede
11.	"	Eti-Osa
12.	"	Igbogbo
13.	"	Isiu
14.	"	Ibese
15.	"	Mushin
16.	"	Shomolu
17.	"	Euba-Odi Olowo
18.	"	Oshodi
19.	"	Isolo

ECOA DIVISION

1.	Local Authority Dispensary	Aregba
2.	--ditto--	Ijaye
3.	"	Orile-Ilugun
4.	"	Odeda
5.	"	Alabata
6.	"	Obantoko
7.	"	Osiele
8.	"	Obete-Akanbi
9.	"	Imala
10.	"	Olorunda
11.	"	Idi Emi
12.	"	Obafemi
13.	"	Alapako Aro
14.	"	Kajola
15.	"	Owode
16.	"	Mokoloki
17.	"	Oba
18.	"	Orile Imo
19.	"	Egbeda
20.	"	Mowe
21.	"	Ofada
22.	"	Ajeganle
23.	"	Ifo
24.	"	Wasimi
25.	"	Agbado
26.	"	Isheri
27.	"	Onigbedu
28.	"	Abada Oko
29.	"	Abalabi
30.	"	Ipogun-Egbeda

ESBA DIVISION (Contd.)

<u>Names</u>	<u>Location</u>
31. Local Authority Dispensary	Otta-Town
32. ---ditto---	Attan-Village
33. "	Aganna Olorunda
34. "	Ijoko
35. "	Ilogbo
36. "	Osuke

EGRADO DIVISION

1. Local Authority Dispensary	Aiyetoro
2. ---ditto---	Meko
3. "	Imassai-Iboro
4. "	Igbogila
5. "	Ijoun
6. "	Ibese
7. "	Afon
8. "	Ito
9. "	Ijorin
10. "	Ipokia
11. "	Maun
12. "	Ago-Shasha
13. "	Agada
14. "	Ibateffin
15. "	Ajilete
16. "	Ifonyintedo
17. "	Owode/Alagbon
18. "	Ilobe
19. "	Alari
20. "	Ado-Odo
21. "	Igbessa
22. "	Alapoti
23. "	Ere
24. "	Odan Sule
25. Government Dispensary	Idiroko

EKITI DIVISION

1. Local Authority Dispensary	Egosi
2. ---ditto---	Aiyede
3. "	Ire
4. "	Oye
5. "	Ifaki Ekiti
6. "	Osi Ekiti
7. "	Orin
8. "	Ado

EKITI DIVISION (Contd.)

	<u>N a m e s</u>	<u>Location</u>
9.	Local Authority Dispensary	Iyin
10.	--ditto--	Igede
11.	"	Igbemo
12.	"	Are
13.	"	Odo Ado
14.	"	Awo
15.	"	Aisegba
16.	"	Ode
17.	"	Ijan
18.	"	Imesi-Lashigidi
19.	"	Aiyedun
20.	"	Ijesha-Ishu
21.	"	Ikole
22.	"	Ikere
23.	"	Emure
24.	"	Igbara Odo
25.	"	Ilawe Ekiti
26.	"	Ise-Ekiti
27.	"	Ogotun Ekiti
28.	"	Otun
29.	"	Ikun
30.	"	Igogo
31.	"	Ikosun
32.	"	Erinmope
33.	"	Osun
34.	"	Osan
35.	"	Ijero
36.	"	Ipoti
37.	"	Iye
38.	"	Aiyetoro
39.	"	Ikoro
40.	"	Iloro
41.	"	Epe
42.	"	Odo Owa/Odo Ehin
43.	"	Aiyegunle/Inu
44.	"	Efon Alaye
45.	"	Aramoko
46.	"	Oke-Mesi
47.	"	Erinjinyan
48.	"	Iddo-Irappa

OKITIPUPA DIVISION

<u>N a m e s</u>		<u>Location</u>
1.	Local Authority Dispensary	Irele
2.	--ditto--	Oyansan
3.	"	Aye
4.	"	Erinje
5.	"	Ilutitun
6.	"	Igbotako
7.	"	Ikoya
8.	"	Igbobini
9.	"	Igbotu
10.	"	Akotogbo
11.	"	Arogbe
12.	"	Gbekebo
13.	"	Atijere
14.	"	Igbo-Egunrin
15.	"	Obe Apata

ONDO DIVISION

1.	Local Authority Dispensary	Aponmu
2.	--ditto--	Ogbese
3.	"	Ita-Ogbolu
4.	"	Akure
5.	"	Iju
6.	"	Idanre
7.	"	Alade-Atosin
8.	"	Abababubu
9.	"	Ajeganle
10.	"	Igbara Oke
11.	"	Ilara
12.	"	Ipogun
13.	"	Ijare
14.	"	Igushin
15.	"	Ilunla
16.	"	Asantan
17.	"	Fagbo
18.	"	Bolorunduro
19.	"	Ondo
20.	"	Ile-Oluji
21.	"	Oke Igbo
22.	"	Araromi-Obu
23.	"	Ajebandele
24.	"	Odigbo
25.	"	Agbabu
26.	"	Onishere
27.	"	Ajue
28.	W. N. D. C. Dispensary	Araromi-Obu

OKITIPUPA DIVISION

	<u>N a m e s</u>	<u>Location</u>
1.	Local Authority Dispensary	Irele
2.	--ditto--	Oyansan
3.	"	Aye
4.	"	Erinje
5.	"	Ilutitun
6.	"	Igbotako
7.	"	Ikoya
8.	"	Igbobini
9.	"	Igbotu
10.	"	Akotogbo
11.	"	Arogbe
12.	"	Gbekebo
13.	"	Atijere
14.	"	Igbo-Egunrin
15.	"	Obe Apata

ONDO DIVISION

1.	Local Authority Dispensary	Aponmu
2.	--ditto--	Ogbese
3.	"	Ita-Ogbolu
4.	"	Akure
5.	"	Iju
6.	"	Idanre
7.	"	Alade-Atosin
8.	"	Abababubu
9.	"	Ajgunle
10.	"	Igbara Oke
11.	"	Ilara
12.	"	Ipogun
13.	"	Ijare
14.	"	Igushin
15.	"	Ilunla
16.	"	Asantan
17.	"	Fagbo
18.	"	Bolorunduro
19.	"	Ondo
20.	"	Ile-Oluji
21.	"	Oke Igbo
22.	"	Araromi-Obu
23.	"	Ajebandele
24.	"	Odigbo
25.	"	Agbabu
26.	"	Onishere
27.	"	Ajue
28.	W. N. D. C. Dispensary	Araromi-Obu

IRADAN DIVISION (Contd.)

	<u>N a m e s</u>	<u>L o c a t i o n</u>
6.	Local Authority Dispensary	Oyedeji
7.	--ditto--	Iyana Ora
8.	"	Egbeda
9.	"	Gbedun
10.	"	Olode
11.	"	Idi-Ayunre
12.	"	Akuro
13.	"	Omi-Adio
14.	"	Iroko
15.	"	Iyaiye
16.	"	Ikereku
17.	"	Aroro
18.	"	Tapa Aiyete
19.	"	Igbo-Ora
20.	"	Idere
21.	"	Igangan
22.	"	Eruwa
23.	"	Lalate
24.	"	Okolo
25.	"	Maya

OSUN DIVISION

1.	Local Authority Dispensary	Ejigbo
2.	--ditto--	Ife Odan
3.	"	Ola
4.	"	Isundunrin
5.	"	Ede
6.	"	Iragberi
7.	"	Sekona
8.	"	Iddo-Osun
9.	"	Alaye-Iwo
10.	"	Kuta
11.	"	Ogbagba
12.	"	Bode-Os
13.	"	Iwo Station
14.	"	Ogbomosho
15.	"	Iressadu
16.	"	Iwofin
17.	"	Ashe
18.	"	Gbede
19.	"	Itamokun
20.	"	Ajawa

OSHUN DIVISION (Contd.)

	<u>N a m e s</u>	<u>Location</u>
21.	Local Authority Dispensary	Oko
22.	--ditto--	Iware
23.	"	Oshogbo Oke Bale
24.	"	Oba Oshogbo
25.	"	Enikanoyun Oshogbo
26.	"	Ita Olokan Oshogbo
27.	"	Iliye
28.	"	Ifon
29.	"	Ilobu
30.	"	Erin
31.	"	Iressi
32.	"	Iragbiji
33.	"	Igbajo
34.	"	Ire
35.	"	Otan
36.	"	Ada
37.	"	Obagun
38.	"	Oyan
39.	"	Okuku
40.	"	Ekosin
41.	"	Ijabe
42.	"	Agbeye
43.	"	Ikirun
44.	"	Eko Ende
45.	"	Iba
46.	"	Gbongan
47.	"	Ode Omu
48.	"	Egbe (Wajaiye)
49.	"	Akiriboto
50.	"	Tonkere
51.	"	Ikire
52.	"	Odeyinka
53.	"	Apomu
54.	"	Orile-Owu
55.	Baptist Dispensary	Iwo

IFE DIVISION

1.	Local Authority Dispensary	Ifé
2.	--ditto--	Ifetedo
3.	"	Modakeke
4.	"	Onigbodogi
5.	"	Olode/Aiyeye

IFE DIVISION (Contd.)

	<u>N a m e s</u>	<u>L o c a t i o n</u>
6.	Local Authority Dispensary	Edunabon
7.	--ditto--	Ipetumodu
8.	"	Akinlalu
9.	"	Alapata
10.	"	Idi-Ako
11.	"	Aye Coker
12.	"	Moro
13.	"	Egbejoda
14.	"	Oshi
15.	"	Ashiye
16.	"	Yekini
17.	"	Illa I
18.	"	Illa II
19.	"	Ora
20.	"	Oke-Illa

ILESIA DIVISION

1.	Local Authority Dispensary	Ijebu-Ijesha
2.	--ditto--	Ibokun
3.	"	Ipetu-Ijesha
4.	"	Erinmo
5.	"	Ikeji-Oke
6.	"	Ilashe
7.	"	Esaodo
8.	"	Esaoke
9.	"	Ibala
10.	"	Ifewara
11.	"	Odo
12.	"	Oshu
13.	"	Oke-Ibode
14.	"	Iwara
15.	"	Epe
16.	"	Iperindo
17.	"	Amuye Taforiji
18.	"	Eti-Oni
19.	"	Iloba
20.	"	Itagunmodi
21.	"	Ipole
22.	"	Ilesha Adoti
23.	"	Imo
24.	"	Ilerin
25.	"	Ibokun

OYO DIVISION

<u>N a m e s</u>		<u>Location</u>
1.	Local Authority Dispensary	Ado Awaiye
2.	---ditto---	Otu
3.	"	Iseyin
4.	"	Ikomu
5.	"	Igbo-Ijaiye
6.	"	Oshogun
7.	"	Okaka
8.	"	Oyo
9.	"	Ikoyi
10.	"	Isale Oyo
11.	"	Imini
12.	"	Igboho
13.	"	Kishi
14.	"	Igbetti
15.	"	Shaki Town
16.	"	Ago Are
17.	"	Shepeteri
18.	"	Isale Iba Shaki
19.	"	Aha
20.	"	Tede
21.	"	Ogboro
22.	"	Okeho
23.	"	Ilero
24.	"	Iganna
25.	"	Iwerele
26.	"	Ijio
27.	"	Aiyetoro Oke
28.	"	Ilua
29.	"	Awe
30.	"	Fiditi
31.	"	Iloro
32.	"	Iware
33.	W. F. D. C.	Fasola

IJEBU DIVISION

1.	Local Authority Dispensary	Imodi-Imosan
2.	---ditto---	Irunwon-Isonyin
3.	"	Itamapako
4.	"	Ileshe
5.	"	Ishiwo
6.	"	Ita-Epo
7.	"	Ogbo

IBEDU DIVISION (Contd.)

	<u>N a m e s</u>	<u>Location</u>
8.	Local Authority Dispensary	Odogbolu
9.	--ditto--	Okun-Awa
10.	"	Aiyepe
11.	"	Ijesha
12.	"	Ijebu Igbo Ojowo
13.	"	Aparaki
14.	"	Ago-Iwoye
15.	"	Mamu
16.	"	Oru-Awa
17.	"	Idona-Atan
18.	"	Itamarun
19.	"	Abigi Waterside
20.	"	Ayila
21.	"	Ode-Omi
22.	"	Arijan
23.	"	Iwopin
24.	"	Osasa
25.	"	Ibefun
26.	"	Idowa
27.	"	Omu
28.	"	Igbile
29.	"	Ako Odosenlu
30.	"	Ijebu-Ife
31.	"	Owu Ikija
32.	"	Imushin
33.	"	Imuwen Iwaya
34.	"	Ogbere
35.	"	Imobi
36.	"	Ajebandele
37.	W.M.D.C. Dispensary	Ajope
38.	"	Lomiro

REMO DIVISION

1.	Local Authority Dispensary	Ikenne
2.	--ditto--	Ilishan
3.	"	Irolu
4.	"	Ilara
5.	"	Akaka
6.	"	Oke-Remo
7.	"	Ishara
8.	"	Ipara
9.	"	Orile-Oko
10.	"	Ogere
11.	"	Iperu
12.	"	Ogijo
13.	"	Simawa
14.	"	Ode-Iemo
15.	"	Emure
16.	"	Oke-Ate
17.	W. R. D. C. Dispensary	Ikenne

LIST OF MATERNITY CENTRES IN WESTERN NIGERIA

BADAGRY DIVISION

<u>N A M E S</u>				<u>LOCATION</u>
1.	Local Authority	Maternity	Centre	Ojo
2.	"	"	"	Ibeshe
3.	"	"	"	Ishagira
4.	"	"	"	Badagry
5.	"	"	"	Pota
6.	"	"	"	Ajido
7.	"	"	"	Igbogbele
8.	"	"	"	Ajgunle Apapa

EPE DIVISION

1.	Local Authority	Maternity	Centre	Epe
2.	"	"	"	Oriba
3.	"	"	"	Eredo
4.	"	"	"	Ode Mala
5.	"	"	"	Ologbon Nla
6.	"	"	"	Agbowo
7.	"	"	"	Imota
8.	"	"	"	Ajebo-Orugbo
9.	"	"	"	Ibeju
10.	"	"	"	Orimedu
11.	"	"	"	Ejinrin
12.	"	"	"	Itoikin
13.	"	"	"	Lekki

IKEJA DIVISION

1.	Local Authority	Maternity	Centre	Ipaja
2.	"	"	"	Agege
3.	"	"	"	Ikorodu
4.	"	"	"	Ijede
5.	"	"	"	Eti-Osa
6.	"	"	"	Igbogbo
7.	"	"	"	Mushin
8.	"	"	"	Shomolu
9.	"	"	"	Euba-Odi Olowo

EGBA DIVISION

1.	Oba Ademola II	Maternity	Home	Abeokuta
2.	Local Authority	Maternity	Centre	Totoro
3.	"	"	"	Ikereku

4.	Local Authority Maternity Centre				Lafenwa
5.	"	"	"	"	Ibara
6.	"	"	"	"	Iberekodo
7.	"	"	"	"	Orile-Ilugun
8.	"	"	"	"	Odeda
9.	"	"	"	"	Alagbagba
10.	"	"	"	"	Imala
11.	"	"	"	"	Ikereku Idan
12.	"	"	"	"	Obafemi
13.	"	"	"	"	Alapako-Aro
14.	"	"	"	"	Bodo
15.	"	"	"	"	Owode
16.	"	"	"	"	Mokoloki
17.	"	"	"	"	Ajura
18.	"	"	"	"	Oba
19.	"	"	"	"	Ifo
20.	"	"	"	"	Wasimi
21.	"	"	"	"	Itori
22.	"	"	"	"	Elere
23.	"	"	"	"	Agbado
24.	"	"	"	"	Otta town
25.	"	"	"	"	Attan Village
26.	"	"	"	"	Iju Village
27.	Ase Ajibo Maternity Centre				Ase Ajibo

EGBADO DIVISION

1.	Local Authority Maternity Centre				Aiyetoro
2.	"	"	"	"	Meko
3.	"	"	"	"	Imassai-Iboro
4.	"	"	"	"	Igbogila
5.	"	"	"	"	Ijoun
6.	"	"	"	"	Egua
7.	"	"	"	"	Ebute Igboro
8.	"	"	"	"	Idogo
9.	"	"	"	"	Iwoye
10.	"	"	"	"	Ijofin
11.	"	"	"	"	Ipokia
12.	"	"	"	"	Maun
13.	"	"	"	"	Tube
14.	"	"	"	"	Ajilete
15.	"	"	"	"	Iropo
16.	"	"	"	"	Ado-Odo
17.	"	"	"	"	Owo
18.	"	"	"	"	Igbessa

EKITI DIVISION

1.	Local Authority Maternity Centre			Egosi
2.	"	"	"	Aiyede
3.	"	"	"	Ire
4.	"	"	"	Oye
5.	"	"	"	Ishan Ekiti
6.	"	"	"	Ifaki Ekiti
7.	"	"	"	Osi Ekiti
8.	"	"	"	Ado
9.	"	"	"	Iyin
10.	"	"	"	Igede
11.	"	"	"	Igbemo
12.	"	"	"	Are
13.	"	"	"	Agbado
14.	"	"	"	Aisegba
15.	"	"	"	Ode
16.	"	"	"	Ilu-Omoba
17.	"	"	"	Aiyedun
18.	"	"	"	Ijesha-Ishu
19.	"	"	"	Ilesha
20.	"	"	"	Ikere
21.	"	"	"	Emure
22.	"	"	"	Igbara-Odo
23.	"	"	"	Ilawe-Ekiti
24.	"	"	"	Ise-Ekiti
25.	"	"	"	Ogotun-Ekiti
26.	"	"	"	Otun
27.	"	"	"	Ikun
28.	"	"	"	Ijero
29.	"	"	"	Ipoti
30.	"	"	"	Iye
31.	"	"	"	Aiyetoro
32.	"	"	"	Ikoro
33.	"	"	"	Iloro
34.	"	"	"	Efon Alaye
35.	"	"	"	Aramoko
36.	"	"	"	Oke-Mesi
37.	"	"	"	Erinjinyan
38.	St. Theresa's Maternity Home			Ilawe
39.	C. M. S.	"	"	Ijan
40.	Catholic	"	Centre	Igogo
41.	Methodist	"	Home	Ikole

OKITIPUPA DIVISION

1.	Local Authority Maternity Centre			Irele
2.	"	"	"	Aye

ONDO DIVISION (CONTD.)

3.	Local Authority Maternity Centre	Ilutitun
4.	" " " "	Igbotako
5.	" " " "	Igbobini

ONDO DIVISION

1.	Local Authority Maternity Centre	Aponmu
2.	" " " Clinic	Ogbese
3.	" " " "	Ita Ogbolu
4.	" " " "	Akure
5.	" " " Centre	Iju
6.	" " " "	Idanre
7.	" " " "	Alade Atosin
8.	" " " "	Igbara Oke
9.	" " " "	Ilara
10.	" " " "	Ipogun
11.	" " " "	Ijare
12.	" " " "	Owena
13.	" " " "	Ile-Oluji
14.	" " " "	Oke-Igbo
15.	" " " "	Odigbo
16.	" " " "	Agbabu
17.	" " " Clinic	Onishere
18.	" " " "	Ajue

OWO DIVISION

1.	Local Authority Maternity Centre	Omuo-Obadore
2.	" " " Clinic	Arigidi
3.	" " " "	Oke-Agbe
4.	" " " "	Erushu
5.	" " " Centre	Ajowa Daja
6.	" " " Clinic	Ikeram
7.	" " " "	Akunnu
8.	" " " "	Auga
9.	" " " "	Oba-Akoko
10.	" " " Centre	Akungba
11.	" " " Clinic	Ogbagi
12.	" " " Centre	Irun
13.	" " " Clinic	Arin
14.	" " " "	Ishua
15.	" " " Centre	Ukpe
16.	" " " Clinic	Ifira
17.	" " " Centre	Oka
18.	" " " "	Iwaro

OWO DIVISION (CONTD.)

19.	Local Authority Maternity Centre				Ifon
20.	"	"	"	"	Sobe
21.	"	"	"	"	Idoani
22.	"	"	"	Clinic	Idogun
23.	"	"	"	"	Afo
24.	"	"	"	Centre	Owo
25.	"	"	"	"	Ipele
26.	"	"	"	"	Okeluse
27.	"	"	"	"	Iyere
28.	"	"	"	Clinic	Isho
29.	Seventh Day Adventist Maternity Home				Omuo-Araromi
30.	Methodist Maternity Centre				Omuo-Obadore

IBADAN DIVISION

1.	Local Authority Maternity Centre				Inalende
2.	"	"	"	"	Eleta Agbongbon
3.	"	"	"	"	Alafara
4.	"	"	"	"	Orangan
5.	"	"	"	"	Lalupon
6.	"	"	"	"	Akanran
7.	"	"	"	"	Idi-Ayunre
8.	"	"	"	"	Iroko
9.	"	"	"	"	Ijaiye
10.	"	"	"	"	Ikereku
11.	"	"	"	"	Tapa-Aiyete
12.	"	"	"	"	Igbo-Ora
13.	"	"	"	"	Eruwa
14.	"	"	"	"	Temidire
15.	"	"	"	"	Lalate

OSHUN DIVISION

1.	Local Authority Maternity Centre				Ejigbo
2.	"	"	"	"	Ede
3.	"	"	"	"	Ara
4.	"	"	"	"	Alaye Iwo
5.	"	"	"	"	Oluponna
6.	"	"	"	"	Ile-Igbo
7.	"	"	"	"	Gambari
8.	"	"	"	"	Arolu
9.	"	"	"	"	Oshogbo Oke-Bale
10.	"	"	"	"	Oba-Oshogbo
11.	"	"	"	"	Ifon
12.	"	"	"	"	Ilobu

OSUN DIVISION (CONTD.)

13.	Local Authority Maternity Centre	Erin
14.	" " " "	Iressi
15.	" " " "	Iragbiji
16.	" " " "	Igbajo
17.	" " " "	Oyan
18.	" " " "	Okuku
19.	" " " "	Igbaiye
20.	" " " "	Ikirun
21.	" " " "	Eko-Eude
22.	" " " "	Iba
23.	" " " "	Gbongan
24.	" " " "	Ode-Omu
25.	" " " "	Ikire
26.	" " " "	Ikoyi
27.	" " " "	Orile-Owu
28.	" Baptist Welfare Centre	Ire
29.	Methodist Maternity Home	Oko-Oshogbo
30.	S. D. A. Maternity Home	Inisha

IFE DIVISION

1.	Local Authority Maternity Centre	Ife
2.	" " " "	Ifetedo
3.	" " " "	Modakeke
4.	" " " "	Onigbodogi
5.	" " " "	Olode/Aiyepe
6.	" " " "	Edunabon
7.	" " " "	Ipetumodu
8.	" " " "	Yakoyo
9.	" " " "	Akinlalu
10.	" " " "	Alapata
11.	" " " "	Idi-Ako
12.	" " " "	Illa I
13.	" " " "	Illa II
14.	" " " "	Ora
15.	Our Lady of Lourds Clinic,	Ipetumodu

ILESHA DIVISION

1.	Local Authority Maternity Centre	Ijebu-Ijesha
2.	" " " "	Ibokun
3.	" " " "	Otan-Ile
4.	" " " "	Ipetu Ijesha
5.	" " " "	New Ikeji
6.	" " " "	Erin Odo

IJEBU DIVISION (CONTD.)

7.	Local Authority Maternity Centre	Ibodi
8.	" " " "	Ifewara
9.	" " " "	Odo
10.	" " " "	Oshu
11.	" " " "	Oke-Ibode
12.	" " " "	Ita-Apa
13.	" " " "	Ilesha Adeti
14.	" " " "	Ilesha Ishokun
15.	Rockefeller Found. Maternity Centre	Ila
16.	" " " "	Igun

OYO DIVISION

1.	Local Authority Maternity Centre	Oke-Amu
2.	" " " "	Ado-Awaiye
3.	" " " "	Otu
4.	" " " "	Isoyin
5.	" " " "	Oyo
6.	" " " "	Ikoyi
7.	" " " "	Igboho
8.	" " " "	Kishi
9.	" " " "	Igbetti
10.	" " " "	Shaki Town
11.	" " " "	Isale Taba Shaki
12.	" " " "	Okeho
13.	" " " "	Ilero
14.	" " " "	Ishemi Ile
15.	" " " "	Iganna
16.	" " " "	Awe
17.	" " " "	Fiditi
18.	" " " "	Akinmorin
19.	" " " "	Ilori
20.	Methodist Maternity Home	Oyo
21.	U. M. S. Maternity Centre	Igboho
22.	" " " "	Igbetti

IJEBU-ODE DIVISION

1.	Local Authority Maternity Centre	Imodi Imosan
2.	" " " "	Erunwon Isonyin
3.	" " " "	Itamapako
4.	" " " "	Odogbolu
5.	" " " "	Okun Awa
6.	" " " "	Aiyepe
7.	" " " "	Ijebu Igbo Ojowo
8.	" " " "	Ijebu Igbo Obada

IJEBU-ODE DIVISION (CONTD.)

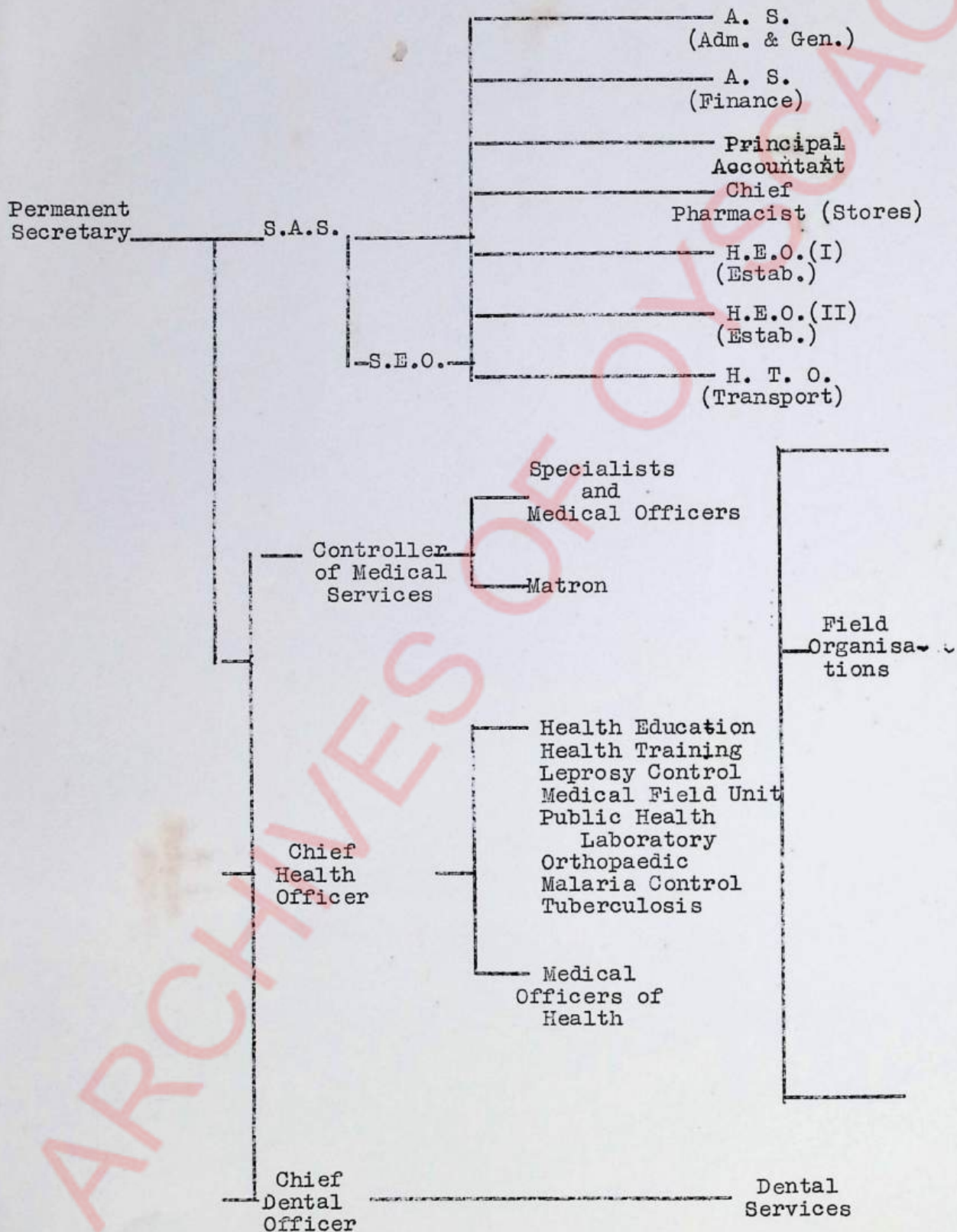
9.	Local Authority Maternity Centre					Ago-Iwoye
10.	"	"	"	"	"	Oru Iwa
11.	"	"	"	"	"	Idona Atan
12.	"	"	"	"	"	Abigi Waterside
13.	"	"	"	"	"	Ososa
14.	"	"	"	"	"	Ibefun
	"	"	"	"	"	Idowa
16.	"	"	"	"	"	Omu
17.	"	"	"	"	"	Ijebu-Ife
18.	"	"	"	"	"	Owu-Ikija
19.	"	"	"	"	"	Imushin
20.	"	"	"	"	"	Ogbere
21.	"	"	"	"	"	Omobi
22.	Government Maternity Centre					Iwopin

REMO DIVISION

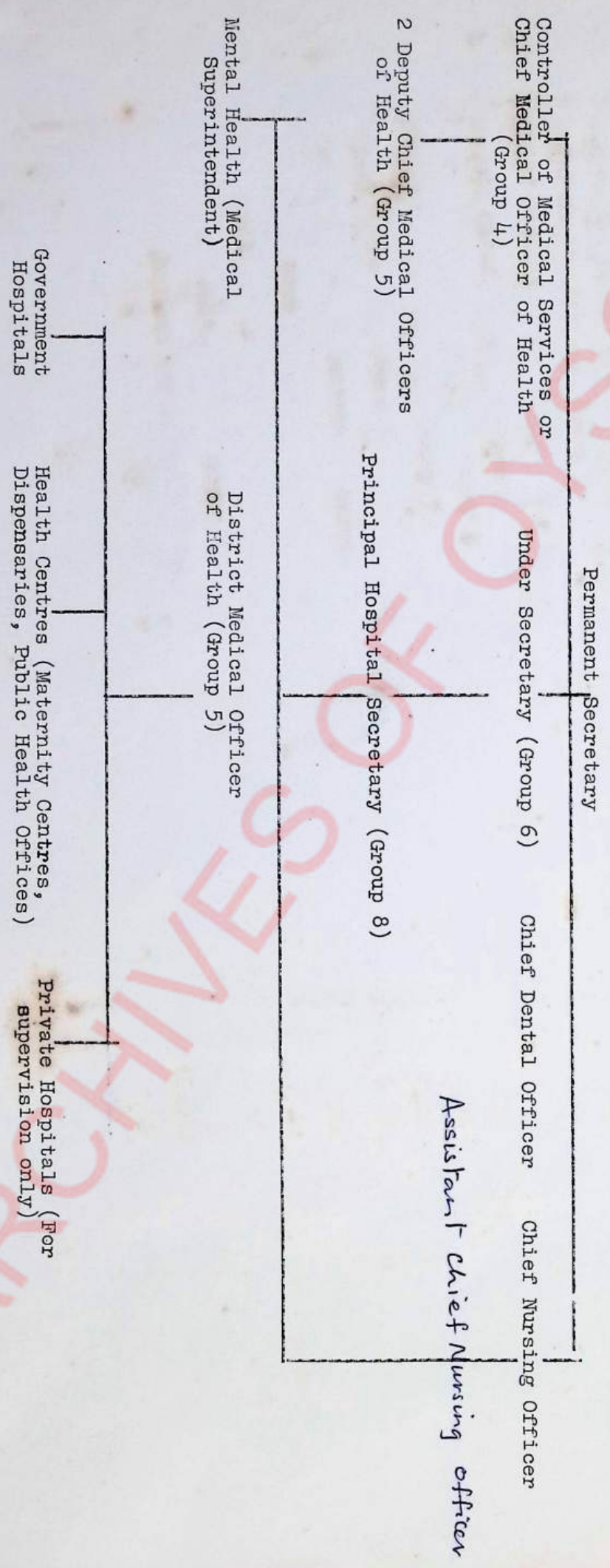
1.	Local Authority Maternity Centre					Ikenne
2.	"	"	"	"	"	Illishan
3.	"	"	"	"	"	Irolu
4.	"	"	"	"	"	Ilara
5.	"	"	"	"	"	Akaka
6.	"	"	"	"	"	Ode-Remo
7.	"	"	"	"	"	Ishara
8.	"	"	"	"	"	Ipara
9.	"	"	"	"	"	Orile-Okoko
10.	"	"	"	"	"	Ogere
11.	"	"	"	"	"	Iperu
12.	"	"	"	"	"	Ogijo
13.	"	"	"	"	"	Simawa
14.	"	"	"	"	"	Ode Iemo
15.	"	"	"	"	"	Oke - Ate.

APPENDIX 'C'

MINISTRY OF HEALTH
EXISTING ORGANISATION



Ministry of Health
Chart Showing Proposed Organisation



244

FINANCIAL IMPLICATION OF THE RE-ORGANISATION

Appendix 'E'

Serial No.	Post	Current Establishment	Requirement	Financial Implication	
				Increase (+) £	Decrease (-) £
1	Controller of Medical Services, Group 3	1	-	-	3,180
2	Chief Health Officer, Group 4	1	-	-	2,940
3	Chief Medical Officer of Health, Group 4	-	1	2,940	-
4	Deputy Chief Medical Officer of Health, Group 5	-	2	5,400	-
5	Chief Nursing Officer, Group 7	-	1	2,292	-
6	Under Secretary, Group 6	-	1	2,496	-
7	Senior Assistant Secretary, Group 7	1	-	-	2,292
8	Principal Hospital Secretary, Group 8	-	1	1,860	-
9	Principal Health Officer, Group 6	2	-	-	5,000
10	Principal Health Officer Group 6	4	-	-	10,000
11	District Medical Officers of Health, Group 5	-	6	16,200	-

FINANCIAL IMPLICATION OF THE RE-ORGANISATION (CONTINUED)

Serial No.	P o s t	Current Establishment	Requirement	Financial Implications	
				Increase (+)	Decrease (-)
				£	£
12.	Surgeons Group 6 or 5	4	7	7,500	-
13.	Physician "	4	7	7,500	-
14.	Obstetrician Group 6 or 5	4	8	10,000	-
15.	Paediatrician Group 6 or 5	1	6	12,500	-
16.	Anaesthetist Group 6 or 5	1	6	12,500	-
17.	Specialist Health Group 6 or 5	-	6	15,000	-
18.	26 Medical Officers/Medical Officers of Health and Senior Medical Officers/Senior Medical Officers of Health, Scale 'X'	120	94	-	72,900
19.	Stenographer Scale D 2,3,4	4	13	2,376	-
20.	Medical Record Officer C(E)2,3	-	6	3,730	-
21.	Medical Statistics Officer C(E)2,3	-	6	3,730	-
22.	Medical Field Superintendent C(T)2,3	-	10	2,630	-
23.	Senior Dental Hygienist E 4	2	6	1,920	-
24.	Senior Dental Surgery Assistant F 3	2	6	1,100	-
25.	Staff Pay (Savings - 11 Officers at £150 each)	-	-	-	1,650
26.	Grants (Savings due to proposal in Part VII of this Memo)	-	-	-	53,712
				£111,674	£111,674

Appendix 'F'
246



WESTERN NIGERIA

HOSPITAL VISITING COMMITTEES

Issued by

MINISTRY OF HEALTH
WESTERN NIGERIA, IBADAN

WESTERN NIGERIA HOSPITAL VISITING COMMITTEES

1. Introduction

Hospital Visiting Committees were first established by the White Paper on Public Health Policy laid on the tables of the Regional Legislature in July 1952 and adopted by the Western Government. Since that time the Committees have operated with variable success in different hospitals and the purpose of these notes is to revise and summarise their purpose, composition and functions.

2. The Purpose of Visiting Committees

The Hospital Visiting Committees were set up because the Regional Government wishes the local people in any district to take a personal interest in their hospital with particular emphasis on the Welfare and comfort of the patients. The Government recognises that the Hospitals provided by it are Government institutions and therefore of necessity paid for and administered by Government; nevertheless the Government wishes to provide means for the local people to make suggestions about how their hospital can be improved in order to ensure that the best possible service is rendered to the public. The Committees are intended to promote friendly liaison and co-operation between the medical authorities in charge of hospitals, the Local Councils and the public.

3. Composition of the Committees

Each Committee is expected to consist of a representative selection of enlightened and public spirited persons in the area which the Hospital serves. Names of prospective Committee members are referred to the Hon. Minister of Health for approval. *The approved list of members is published in the Regional Gazette annually.*

The exact composition of each Committee will depend on local circumstances and may be increased or decreased according to the requirements of any particular Hospital but generally speaking will include—

(a) Divisional members of the Western House of Assembly (Except where such a member is also a Minister).

(b) At least one member from each District Council in the area served by the hospital.

(c) Two members nominated by Voluntary Agencies (this to include one member nominated by the Red Cross Society where a Red Cross branch functions in the area).

(d) One Lady member.

Each Committee will elect a Chairman from its members who will be responsible for convening the meeting.

4. Frequency of Meetings

Hospital Visiting Committees will be convened by the Chairman and will normally meet approximately once per quarter. Individual members of Committees may make private visits to the Hospitals at any time during normal office hours.

5. Functions of Hospital Visiting Committees

(a) To promote friendly relationships and co-operation between the medical staff in hospitals and the public.

(b) To visit the hospitals for which the Committee is appointed approximately once a quarter and to visit all wards and departments open to the public.

(c) To make constructive suggestions for improving their Hospitals, particularly bearing in mind the need for economy and efficiency at this critical juncture of the country's development.

(d) To bring to the notice of both the Medical Officer or Senior Medical Officer in charge and the Principal Medical Officer of the Medical Division any complaints which the public may have voiced with a view to these complaints being remedied by the Medical Officer and/or the Senior Medical Officer.

(e) To talk to the patients in all the wards and comfort and encourage them.

(f) To co-operate with the Red Cross and any other voluntary bodies in providing newspapers, books, magazines, medical comforts and other appropriate amenities for patients.

(g) To help in every possible way in the resettlement of patients after their stay in Hospital, in co-operation with the welfare division of the Ministry of Health where appropriate. (As for example by contacting the relatives or townspeople of apparently destitute paupers and arranging for their future care after their illness has been cured).

(h) To serve as a propaganda medium for their Hospital by publicising amongst the local people the services available, and the general hospital regulations (such as routine regarding meal time, visiting hours, fees, etc.).

(i) To serve as a valuable health education body amongst the local people, by giving wide publicity to special features which the Senior Medical Officer or Ministry may bring to their notice from time to time.

6. Sphere of Activity

All Wards and Departments open to the public of the Government Hospital for which the Committee is appointed. Committees are not at present required to visit local Council medical institutions.

7. Submission of Reports

The Chairman of the Committee will be responsible for seeing that minutes of each meeting of the Committee are promptly prepared and circulated amongst members who will initial as approved or otherwise amend the minutes. As soon as the minutes have been so circulated, two copies will be forwarded out to the Senior Medical Officer of the Medical Division in which the hospital lies. The Senior Medical Officer will without delay forward one copy together with his comments to the Ministry of Health.

8. Co-operation of Hospital Staff

The Visiting Committee may in its discretion request the Medical Officer in charge of the Hospital and the Nursing Sister in charge to be present at all or part of their meetings in the hospital, but the Medical Officer and Nursing Sister will not be members of the Committee. Where no other secretarial aid is available to the Chairman he may utilise the Hospital Secretary or Warden for the purpose of taking notes at the meetings and typing the minutes.

In all cases the Hospital will make a suitable room available for the use of the Committee, furnished with tables, chairs, and stationery for taking notes.

9. Action to be taken on the Committee's Report

Much of the necessary action can be taken by the members of the Committee themselves such as for example, concerning resettlement of cured patients and information about the hospital to the public. Where the Medical Officer or Senior Medical Officer are able to implement recommendations of the Committee and where these are not of a controversial nature or do not involve additional expenditure, they should so implement them forthwith. Other recommendations of the Committee may need to be referred to the Ministry of Health. It should be clearly understood that the Senior Medical Officer and Medical Officer should be able to deal with the great majority of items raised by Committees, and it should only be far-reaching matters (such as for example a recommendation to provide a new Ward) which will require attention by the Ministry. In the covering comments which they submit with Committee's reports to the Ministry, Senior Medical Officers should state the action they and their Medical Officers have already taken to implement recommendations.

10. Expenses of Visiting Committees

Members will be entitled to claim one shilling per mile for transport to and from their place of residence to the Hospital for each meeting of the Committee which they attend. Claims should be submitted by each member as soon as possible after the meeting to the Hospital Secretary or Warden, who will be responsible for performing the necessary clerical and financial work for paying claims.

11. Approval of Minister of Health

These notes have received the approval of the Hon. Minister of Health and should now be the guiding memorandum for all Hospital Visiting Committees. All previous notes and circulars on Hospital Visiting Committees are hereby cancelled.

ARCHIVES OF OYSCAC

A.S. (H.S.),

From p. 1 sub'd p.

D 2/5/66.
W. A. ADESINA
C.R.

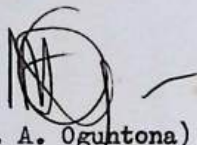
H.S.

Pp. 1-58 from the Permanent Secretary, Ministry of Health is inviting your views on his proposals for a re-organisation of the Ministry. The Memorandum outlining the form of re-organisation is at Pp. 4-57.

2. The main features of the re-organisation are:-

- (i) the unification of preventive and curative services and consequent abolition of existing Medical and Health divisions of the Ministry and creation of a single division for preventive and curative services. Many Medical Officers do not favour this unification but P.S.M.H. thinks their fears are centred around their conditions of service rather than on any real disadvantages of the proposed arrangements.
- (ii) division of the Western Provinces into six districts (as below) for the purpose of medical administration:-
 - (i) Abeokuta
 - (ii) Akure
 - (iii) Ibadan Central Unit
 - (iv) Ikeja
 - (v) Ijebu-Ode
 - (vi) Oshogbo.
- (iii) establishment of a Medical Advisory Board, District Hospital Committee and Hospital Advisory Committees.

3. P.S.M.H. plans to submit the proposals to Government for consideration but before doing so, he would like to have your views as well as those of other Permanent Secretaries in the Ministries affected.


(M. A. Oguntola)
A.S. to H.S.

May, 1966.

Note

I discussed papers from p.1 with P.S.M.H. when he called at this office this morning. I suggested that it might be helpful if he would prepare for comparison with Appendix 'E', the Hqrs.' establishment in the medical organisation in each of the other Govts. - including the Fed. Govt. - in the Federation. I also pointed out to him that H.E. was already considering increasing the number of provinces in Western Nigeria to eight; in the event of that, it might be necessary to increase the number of specialist hospitals from the six proposed by him to eight. He took note of this and other points made in the discussion.

 E TAIWO ODUMOSU

Sec. to the Military Govt.,
9/5/66.

N.F.A. meanwhile.

PA.



MINISTRY OF ESTABLISHMENTS AND TRAINING
PRIVATE MAIL BAG No. 5001 IBADAN WESTERN STATE OF NIGERIA

Your Ref. No.....
All communications on this matter
should be addressed to the Permanent
Secretary quoting
Our Ref. No. E.111/S6/67.....



Date 5th February, 1969...

The Secretary to the Military Government,
and Head of Service,
Office of the Military Governor,
Ibadan.

Provision of one additional post of Senior
Assistant Secretary in the Ministry of Health

Towards the end of last year, the Permanent Secretary,
Ministry of Health requested for the creation of an Under Secretary
post in the Ministry. The request was based on the following grounds:-

- (a) that the administrative workload in the Ministry
was considerable and out of proportion to the
administrative staff provided for the Ministry;
- (b) that the Ministry ranks second to the Ministry of
Agriculture and Natural Resources in the total number
of staff and yet it is less favourably treated in the
provision of administrative staff than smaller
Ministries with Under Secretary posts;
- (c) that there is no officer to assist the Permanent
Secretary in carrying the heavy burden devolving on
him and the Senior Assistant Secretary who could have
given a helping hand, being the next administrative
officer to the Permanent Secretary, is himself over-
whelmed with work; that in addition to the present heavy
schedule of the Senior Assistant Secretary, it is proposed
to saddle him with the Secretaryship of the newly formed
State Medical Advisory Board.

2. The Organisation, Methods and Complementing Officer was
instructed to carry out a staff inspection exercise in the Ministry
and an extract of the salient parts of his report is attached hereto.

3. I fully endorse his recommendation and this has been referred
to the Permanent Secretary, Ministry of Health, who has signified his
acceptance of a Senior Assistant Secretary post in lieu of the Under
Secretary post which he originally asked for. He has, however, urged
that the post be created immediately as the Western State Medical
Advisory Board to which the new Senior Assistant Secretary is expected
to be Secretary, has now been formally inaugurated.

4. As this is a post in the Administrative Class, I shall be grateful for an indication of your support before a memorandum is taken to the Executive Council for approval of its creation.

J. Thomas
(O. Thomas),
Permanent Secretary,
Ministry of Establishments and Training.

CONFIDENTIAL

SAS (G)

Pls. reply that I have serious doubts as to whether the proposal ~~is~~ is the correct answer to the ills of the Ministry of Health, but since it has received the support of the Ministry of Estab., I have no objection.

Godwin
6/2

251

EXTRACT FROM ORGANISATION, METHODS AND
COMPLEMENTING OFFICER'S REPORT ON PER-
MANENT SECRETARY, MINISTRY OF HEALTH'S
REQUEST FOR AN UNDER-SECRETARY POST

"XX XX XX XX XX XX

3. Clearly, the basis used by P.S.M.H. for comparing his Ministry with other departments is one which is not tenable. The creation of an Under Secretary post in a Ministry does not derive from the size of the staff strength but is usually based on the diversity and complexity of the range of functions of the department. The Ministry of Agriculture to which references has been made is a multi-purpose Ministry with varied and diverse subjects classifiable into a number of broad categories whereas the Ministry of Health is a single-purpose Ministry. In the Ministry of Agriculture, the Under Secretary does not screen the Permanent Secretary but is responsible for the co-ordination of a number of Divisions which are not within the range of command of the Controller of Agricultural Services and for which distinct disciplines are required. These are the Veterinary Division, the Produce Division, the Fisheries Division, the Principal Accountant, the Marketing Branch and the finance and general branch. The Controller of Agricultural Services on the other hand is responsible for the co-ordination of the Research Division, Extension Services Division, the Training Branch, and the Engineering Branch. In the Ministry of Health, the Controller of Medical Services is the officer charged with the responsibility for the co-ordination of preventive and curative services as well as dental and nursing services. All these are so inter-related and inter-twined that one cannot remove any of them for assignment to an administrative officer without causing serious disruption in the administration of medical and health matters in the State. Besides, it would be a tragic thing if a Group 4 officer i.e. Controller of Medical Services, must have to be subordinated to a Class I Administrative Officer which is the practical effect of what P.S.M.H. is asking for.

4. Organisationally, there are now only two officers who report to the Permanent Secretary - the Controller of Medical Services and the

Senior Assistant Secretary. The S.P.M.O. Zone A, S.P.M.O. Zone B and the Chief Nursing Officer are sometimes allowed to do some leap-frogging in order to obviate delay, especially where the Controller of Medical Services would not necessarily have to make any substantial additional contributions to the matters going up. I observed that the desk of the Permanent Secretary was flooded with files and on examination of a cross section of these files, I discovered that not all the administrative matters referred to him should ordinarily go up as far as to the apex for decision if suitable officers to whom authority for decision-making could be delegated for the disposal of such matters, were available lower down.

5. As it has been pointed out above, the Senior Assistant Secretary had no breathing space and it is my view that things cannot continue like this. If they do, efficiency will continue to take a nose dive, a situation which must be prevented as much as possible. I am convinced that an Under Secretary is not at all necessary but in the interest of more expeditious discharge of government business, it is vitally necessary that an additional post of Senior Assistant Secretary should be created. This would allow the present Senior Assistant Secretary to concentrate on finance, accounts and establishments and these would constitute a heavy workload for him. The other S.A.S. would be responsible for the Pharmaceutical Stores Branch, general subject matters not included in personnel administration, technical assistance, transport administration and secretaryship of the State Medical Advisory Board.

XX XX XX XX XX XX"

CONFIDENTIAL

HS. 2/253

7th February, 1969

The Permanent Secretary,
Ministry of Establishments & Training,
Ibadan.

Provision of one additional post of Senior Assistant
Secretary in the Ministry of Health

P249
I am directed by the Head of Service to refer to your letter No. E. 111/S6/67 dated 5th February, 1969 and to inform you that he has serious doubts as to whether the proposal discussed in your letter is the correct answer to the ills of the Ministry of Health. I am to add however that as the proposal has received the support of your Ministry he has no objection to its implementation.

[Signature]

(F. B. A. Conde)
for Secretary to the Military Government
and Head of Service

CONFIDENTIAL

DA.
[Signature]
7/2

254

The Nurse Tutors of Western State,
Ibadan.

4th December, 1969.

The Permanent Secretary,
Ministry of Health,
Ibadan.

Recommendation for re-organisation of Nurse Tutors Posts

1. Representation at the Headquarters.

It is observed that only the preventive and the curative arms of the Nursing Profession are at present represented at the headquarters as a Senior Matron is representing the Curative and a Senior Health Sister the Preventive. We therefore submit that for the effective administration of every arm of the Nursing Profession, it is necessary that all arms be represented at the headquarters as follows:

1. Education
2. Preventive
3. Curative

These 3 arms should also be considered for the post of the Chief Nursing Officer.

2. Promotion Prospects.

Government White Paper on Elwood Report Paragraph 8 (1) :

"Career prospects are important not only as regard recruitment of suitable staff but also as providing incentives and means whereby the efficient and meritorious officer can rise in his chosen sphere of service"

Unfortunately, at present, the above does not seem to be applicable to the Nurse Tutors as there is neither promotion prospects nor encouraging salary scale. To give the incentive mentioned above, we recommend that more Senior Tutors' Posts be created as follows :-

- (i) Adviser on Nurse Education who like her counterparts should be at the headquarters.
- (ii) A Senior tutor in-charge of each training school.

3. Scale of Salary.

As previously stated by THE NIGERIAN ASSOCIATION OF NURSE TUTORS, the Elwood Grading Team has not given the nurse tutor any incentive as a nurse tutor enters Scale C(T)4 on £1,032 per annum and end her career on £1,164 per annum within 4 years. The £1,164 per annum is also the end of Scale for a Ward Sister who has no post graduate qualifications as the Nurse Tutor. We therefore re-affirm the recommendations of the Association - Copy attached - and re-state the recommended scale as follows :

Nurse Tutor	C(T)4 - C(T)5
Senior "	C(T)6.

We would at this stage point out that on the new Scale of salary all existing Nurse Tutors are losing £120 per annum teaching allowance which is not compensated for either by increasing the salary or by extending the salary scale.

4. Administrative Set-up.

We recommend that tutors in each training school be directly responsible to the S.P.M.O. as the matrons. This we are sure will make for better administration of the hospital. The nursing administration and nursing education are separate in hospitals such as

- (i) The Island Maternity Hospital, Lagos.
- (ii) The Lagos Teaching Hospital, Lagos.
- (iii) The University College Hospital, Ibadan.

where it is yielding good results.

ARCHIVES OF OYO

256 ~~553~~
256

Uniformity in the salaries of officers
performing identical duties in various services

Reference Elwood Report Paragraph 17 (iii)

Identical Duties and Nomenclature

"The term 'identical duties' as used in our terms of reference we understand to cover such things as the Nature of work, its volume, the degree of skill and ability required and the measure and weight of responsibility attaching to the post together with its basic educational requirements. These criteria can readily be applied in the great majority of cases coming under review as the designation of the post often describes its nature and duties"

If these criteria were truly and equitably applied to the anomaly in the remuneration by way of salary attached to the post of Nurse Tutors as contained in the White Paper, we can not understand Why the maximum salary of any Nurse Tutors or a hospital Matron is £1,314 per annum whereas other comparable officers inside and outside the medical profession e.g. radiographers, physiotherapists, medical technicians, executive officers, health educators and teachers holding the National Certificate of Education can all aspire to the maximum salary of £1,584 per annum.

It is also relevant to point out that by the present grading, all existing Nurse Tutors are losing £120 per annum which is not compensated for either by increase in their salary or extension of their salary scale.

In the nursing profession, only the Nurse Tutors have suffered a financial loss as a result of the present grading as indicated below :-

Nursing Staff	Old Scale Maximum Salary per annum	New Scale Maximum Salary per annum
Staff Nurse	£476 p.a.	£855 p.a.
Nursing Sisters	£996 p.a.	£1,164 p.a.
Nurse Tutors	£1,164 + 120 = £1,284 p.a.	£1,164 p.a.
Senior Tutor	£1,314 + 120 = £1,434 p.a.	£1,314 p.a.

With the above submissions we hope that the Governments will rectify the glaring anomalies in the Nurse Tutors gradings.

584
257
Copies to:-

The Chairman,
Public Service Commission,
Ibadan.

The Head of Service,
Governor's Office,
Ibadan. ✓

The Permanent Secretary,
Ministry of Establishment,
Ibadan.



Overleaf for information and to note, please.

Yours faithfully,

La. D. Odeinde
C.A. Odeinde
Odeinde

Odeinde

Odeinde

Odeinde

Odeinde

Odeinde

Odeinde

Odeinde

Odeinde

3/2/70

AS (HS),

Pp. 254 - 257 sub'd pl.
4/2/70
CR

HS has seen; Kiv. for any
reaction from rpt.

4/2

64
258
c/o Senior Health Sister,
Ministry of Health,
Leaf Road, P. M. B. 5026,
Ibadan, Western State.

20th May, 1970.

URGENT AND CONFIDENTIAL

Thru: The Permanent Secretary,
Ministry of Health,
Secretariat,
Agodi, Ibadan.

To: The Permanent Secretary,
Ministry of Establishment and Training,
Secretariat,
Agodi, Ibadan.

Sir,

PUBLIC HEALTH NURSING CADRE - UNEQUAL TREATMENT OF

We, the undersigned on behalf of the Preventive Nursing Staff beg to refer to our previous letters regarding the anomalies that exist in the previous scheme of services and to which we have not yet received any concrete reply or redress.

We would like to state that our Cadre is not being given the same consideration as our Counter-part in the Curative Division. We wish to point out that the most senior in our Cadre entered Scale 26 now C(T)5 on 1st April, 1962, and in fact this makes her 6 full months senior to the present substantive holder of the Principal Nursing Officer's post. She is also 5 years senior to the most senior nursing officer in the Curative Division as she got on to that scale in September, 1967.

We feel that our cadre has not received any fair treatment from the Ministry and the State Government and as such this state of affairs is very very demoralising and frustrating to the Preventive Nursing Cadre. It will still be in order to state once more our qualifications as compared with those on the Curative side which are as follows:-

(a) Health Sister

A Health Sister must possess:-

- (1) State Registered Nurse Certificate (S.R.N.)
- (11) State Certified Midwife Certificate (S.C.M.)
- (111) Health Visitors Diploma (H.V.D.)

Every Health Sister has got the basic relevant hospital and Midwifery Trainings, experiences and certificates which is all that the Nursing Sisters have. Additionally, however, we the Health Sisters underwent one year post registration training leading to the Health Visitors Diploma in a recognised College or University.

Many of the Health Sisters had held senior appointments in England and in Nigerian Hospital as well. Some Health Sisters over and above the post qualification experience stated above have again got Tutor or Administrative qualifications.

(b) Nursing Sister:

A Nursing Sister need only possess the basic qualification of S.R.N. and S.C.M. Some who wish to specialise like the Health Sister may also obtain Tutor or Administrative Diploma.

It is very obvious from the above listed facts that the Health Sisters are more qualified to man any top administrative post in the Nursing Profession.

There is another source of discontent which we would like to mention here. It is very disheartening and disappointing to note that in the Kiwood Report the Health Sisters, in spite of all their qualifications, experience and the amount of work done to improve the Health of the Community, have not been considered for the Scale C(7)6. This we regard as nothing but gross injustice and we would like this to be rectified Sir.

In view of the facts stated above we are now putting it to the Ministry that we have got to the end of the wall, and that we could now only tolerate that equal status should be created for us pari passu with that of the Nursing Sisters (Curative) but we will not tolerate that they are made to base us under the cloak of a defective Scheme of Service in which the interest of the Health Sisters (Preventive) is completely eliminated.

As the matter stands now it seems as if the Curative side has been created into a privileged class where the topmost post in the Nursing Cadre is specifically reserved for them, and whereas whoever is holding the post is in essence supervising both the Curative and Preventive sides.

It is just equitable from the points already given that equal privilege should be given to nurses in both the Curative and Preventive sides to aspire to the topmost post in the Nursing Cadre. In the review of things we think justice will prevail.

In conclusion, we feel compelled to call on the Ministry and the Government of Western State to match their proclamations with deeds in so far as their often repeated emphasis on the prevention of diseases is concerned. In the enlightened world of today, prevention of diseases rather than its cure is given pre-eminent attention. The activities of the W.N.C. and U.N.I.C.S.F. to mention only two on the international plane bear adequate testimony to this. If our Ministry and Government are not willing to move into the mainstream of current world medical thinking and practice, then let it wind up the whole preventive apparatus and lump up all of its staff in the curative machinery.

A copy of this petition is addressed to the Head of Service and the Secretary, Public Service Commission for information.

We are,

Your Obedient servants,

1.

K. Iyidok
K. I. IYIDOKA (MRS.)
SENIOR HEALTH SISTER.

2.

V. P. N. Okusaga
V. P. N. OKUSAGA (MRS.)
SENIOR HEALTH SISTER.

3.

O. O. Akintunmbi
O. O. AKINTUNMBI (MRS.)
SENIOR HEALTH SISTER.

Copy to:-

The Head of Service,
Military Governor's Office,
Secretariat,
Ibadan. ✓

The Secretary,
Public Service Commission,
Ibadan.

Above for your information please.

We are,

Your Obedient servants,

1.

K. I. Iyilola
K. I. IYILOLA (MRS.)
SENIOR HEALTH SISTER

2.

V. P. M. Okusaga
V. P. M. OKUSAGA (MRS.)
SENIOR HEALTH SISTER

3.

O. O. Akintunde
O. O. AKINTUNDE (MRS.)
SENIOR HEALTH SISTER.

AS (HS)

p. 258 - 260 2 fi pl.

26/5/70
CR

CR

HS has seen, p. 9.

2. PSMH has indicated in another file that
he's taking action to remedy this grievance
of the Health Nursing Cadre.

PA

26/5

C.176/986.

7 August, 1975.

The Permanent Secretary,
Ministry of Health,
IBADAN.

Employment of Pharmacists

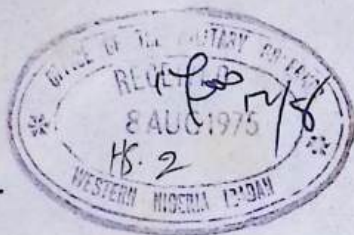
The Commissioners have asked me to bring to your notice and necessary action, the plight of Pharmacists of this State's origin who recently graduated from the Universities. As you are aware, this category of candidates has to compulsorily serve a year's internship in recognised medical establishments before they would be registered as practising Pharmacists. After serving their internship they have to serve for another period of 12 months in the National Youth Service Corps.

2. The vacancy position for Pharmacists in your Ministry is such that cannot fully accommodate all qualified candidates. The result is that there are many candidates of this State's origin who have no where to go for their internship. The Commissioners have deliberated on this important issue and have suggested that your Ministry may consider asking Government to vote a block sum of money which will be utilised for paying the salaries of those concerned during the period of internship. The Government will, of course, be under no obligation to employ them after the completion of their service with the National Youth Service Corps.
3. A copy of this letter is being forwarded to the Secretary to the Military Government and Head of Service for his information.

(J. K. Akingbade),
Secretary,
Public Service Commission.

Our Ref.No.C.176/987.

Public Service Commission,
Secretariat,
Ibadan.

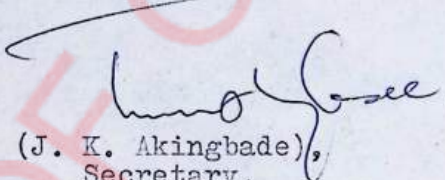


August, 1975.

Copy to:-

The Secretary to the Military Government
and Head of Service,
Office of the Military Governor,
Agodi,
Ibadan.

Overleaf for your information.


(J. K. Akingbade),
Secretary,
Public Service Commission.

CONFIDENTIAL

US (CD)

Pl see p 261 for
information only.

MA

AS(HS)
13/8

CR
AS (HS) M. 13/8
K. 1 V


13/8

ESTABLISHMENTS

I B A D A N

CA.154/S.1/334

29 August, 1975.

The Permanent Secretary,
Ministry of Establishments & Training,
Ibadan.

Creation of Supernumerary Posts of Pharmacists

It has become necessary for me to bring to your attention the very serious situation which has arisen in respect of the training and recruitment of Pharmacists of this State's origin. Pharmacists, as you are aware, are required to serve a year's internship in recognised establishments before they can be registered as practising Pharmacists. After the completion of their internship they have to serve another period of 12 months in the National Youth Service Corps.

2. About 30 Pharmacists obtained their B.Sc. degree in Pharmacy from the University of Ife last June. At the time of writing there is not a single vacancy in an establishment of 50 Pharmacists in that grade. The Public Service Commission has 37 prima facie qualified candidates on its list for interview. A situation has therefore arisen where this Ministry cannot absorb these graduates who are of this State's origin and provide them with opportunities to serve their one year internship before becoming fully registered pharmacists.

3. The Public Service Commissioners have recently deliberated over the matter and have expressed concern about the situation. I attach herewith a copy of a recent letter from the Secretary, Public Service Commission, Ibadan on the issue. As a solution to this serious problem it is suggested that approval be given for the creation of 30 supernumerary posts of Pharmacists to accommodate the graduate Pharmacists during the period of their internship. This number will be over and above the present establishment provision for that grade in the Estimates. The creation of these supernumerary posts will necessitate the voting of a block sum of money to this Ministry to cover the salaries of these pharmacists during the period of internship.

4. I have given careful thought to what would happen to these pharmacists on completion of their internship. I believe that as is the practice, the offer of employment to this category of candidates will depend on available vacancies hence the creation of these supernumerary posts would be for a specific purpose and would not commit government to an obligation to employ them after the completion of their service with the National Youth Service Corps. It is obvious that some of these Pharmacists will seek employment outside the service; furthermore it is apparent that the present establishment in the pharmacists grade cannot cope successfully with the ever expanding medical service in this State. A good number of the general hospitals have no Pharmacists at present but make use of only dispensing Assistant. This is not a very satisfactory arrangement. Such hospitals would in future employ some of the pharmacists under the present Management Board set up.

5. I shall be grateful therefore if you will please consider this request urgently and approve the creation of 30 supernumerary posts of pharmacists for this Ministry to meet the present emergency situation.

6. A copy of this letter is being forwarded to the Secretary to the Military Government and Head of Service for his information since Professor Ogunlesi, Chairman of the State Health Council had discussed the subject matter with His Excellency the Military Governor.


(E. V. O. Koleoso),
for Permanent Secretary.

CONFIDENTIAL



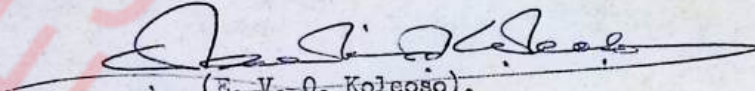
Our Ref. No. CA.154/S.1/335

Ministry of Health,
Ibadan: 29 August, 1975.

Copy to :-

The Secretary to the Military
Government and Head of Service,
Office of the Military Governor,
Agodi, Ibadan.

Above for information, reference paragraph 3 of the Secretary,
Public Service Commission's letter No. C.176/986 of 7th August, 1975,
please.


(E. V. O. Koleoso),
for Permanent Secretary.

CONFIDENTIAL

ASC HS)

I submit pages 262-263 for
your consideration please.

Q Q 11/9/75

US (CO)

Pl see, for inf., PP 263
+ 264 further to PP 261+262

AA
12/9

S.M.G.&H.S.

From p.261, please.

2. The P.S.C. is concerned about the large number of Pharmacy graduates applying for appointments in the Public Service of the State but for whom there are at the moment no vacancies. It has therefore been recommended that 30 supernumerary posts of Pharmacists be created to provide room for fresh graduates of pharmacy who would be required to do one year internship before their registration by the Pharmacy Board. It is after the one year internship that the Pharmacists would be required to serve under the N.Y.S.C. scheme. The State would have no obligation to offer the Pharmacists concerned appointment after the Youth Corp Service.

3. I consider the programme a laudable one as it will afford the affected pharmacy graduates the opportunity to undertake their internship which will thereafter qualify them for jobs in the private sector. Moreover, the staff turnover in the Pharmacist cadre is known to be very high as most Pharmacists move out as soon as they had been able to secure a place in the Private Sector where their appointments are usually more satisfying in terms of remuneration and job satisfaction, especially with reference to opportunities for the full practice of their profession.

4. This is for your information meanwhile as action lies with the P.S.M.E.&T.

(S. I. Omotola)

Ag. U.S.(C.D.)

12/9/75.

Noted

1

SMG&HS 12/9

AS(HS)

For disposal, pls.

12/9

K. I. V.

WORLD HEALTH
ORGANIZATION



ORGANISATION MONDIALE
DE LA SANTÉ

Regional Office for Africa

P.O.B. 6 BRAZZAVILLE
Republic of the Congo
Télegr.: UNISANTE, Brazzaville

Telephone: 3072-73-74 Telex : 217

Bureau régional de l'Afrique

B.P. 6 BRAZZAVILLE
République du Congo
Télégr.: UNISANTÉ, Brazzaville

In reply please refer to:

Préère de rappeler la référence: P.

Sir,

I have the honour to refer to your letter dated 17 September 1973, in which you conveyed your agreement to the release of Mr M.M. Adepoju to work with this Organization for a period of two years. This period ends on 30 April 1976.

Mr Adepoju's services have been found useful and his continuation in the present assignment will be beneficial to the Organization. I am therefore writing to request your agreement to the extension of his release for a further period of twenty months - i.e. until 31 December 1977.

I would be grateful for your favourable consideration of the above and early reply.

I have the honour to be,

Sir,

Your obedient Servant

Sgd./O. Adeniyi-Jones

Comlan A.A. Quenum, M.D.
Regional Director

The Permanent Secretary
Federal Ministry of Health
Lagos
Federal Republic of Nigeria

copy for information to:

- ✓ The Secretary to the Military Government
and Head of Service
Military Governor's Office
Ibadan (Nigeria)

The Permanent Secretary, Ministry of Health, Ibadan
The Permanent Secretary, Min. of Establishment and Training
Secretariat, Ibadan

WHO Representative, Lagos





Sec (sm)

The self explanatory letter of/with/without
submitted for your information please.

MS
AS (sm)
20/4/76

AS (sm)

Pl. speak

J.P.
20/4

ARCHIVES

THE OYO STATE VOLUNTARY AGENCY STAFF

c/o The Secretary,
Christian Health Association
of Nigeria,
Oyo State,
P. O. Box 3086,
Eleta, Ibadan.

20th July, 1979

The Administrator,
Oyo State,
Ibadan.

Through

The Head of Services,
Oyo State,
Secretariat,
Ibadan.

Dear Sir,

MEMORANDUM TO OYO STATE ADMINISTRATOR FROM THE
EMPLOYEES OF VOLUNTARY AGENCY HOSPITALS IN OYO
STATE, REGARDING PENSION AND GRATUITY

We the employees of Voluntary Agency Health Institutions in Oyo State comprising of seven Voluntary Agency Hospitals namely:

St. Mary's Hospital Eleta, Ibadan.

Catholic Hospital Oke-Offa Ibadan.

Baptist Medical Centre, Ogbomosho.

Catholic Hospital, Ikire.

Our Lady's Hospital Iseyin.

Our Lady of Fatima Hospital Osogbo.

Baptist Hospital Shaki and several clinics.

Wish to bring to you our grave concern and request urgent solution regarding our Pension and Gratuity.

It is a known fact that Voluntary Agency Health Institution throughout the country and in particular in this state render a high standard of medical care to a large percentage of our citizens whose welfare is primarily the responsibility of the government.

This state is still woefully short of adequate medical facilities both in personnel and materials and the efforts of the state government to maximise medical facilities for the population deserve praise.

But we are instrumental to the achievement of these goals and we are grateful that Government recognize this noble role towards health care delivery.

In appreciation of this and to unify the service conditions of workers throughout the state, the Udoji Salary review and awards were also apply to us. Thereafter all service conditions e.g. granting leave bonus., housing and vehicle allowance were also applicable to us.

We the employees of the Voluntary Agency Health Institutions are citizen of this country employ^{ed} with the same qualification giving more hours of duty and pay the same tax from which our counterparts in the civil service are paid their pension and gratuity. However, our security remains only as long as the individual is strong enough to work and receive his monthly salary.

Our non-participation in this pension and gratuity scheme marks us out as potential beggars in our old age and considering the African tradi-

tion and extended family system this misfortune automatically spills over to our children and relations affecting the education and even their very existence.

In 1973 Federal Government set up a commission of enquiry, to look into the condition of service and salary structures of all Nigerian citizens. The report and recommendation of that panel were accepted by the government and government White Paper was issued.

One of the most important issues as seen in that Government White Paper was the issue of harmonisation of salary gradings and improve condition of service for both civil servants and employees of Voluntary Agency Health Institutions.

We seek that the present arrangement of paying retirement benefits to civil servants should automatically apply to all Voluntary Agency Staff of comparable status in the context of Udoji recommendation which have been accepted by the Government. On the score of our service therefore we crave the indulgence of your government to give all our staff the right of pension and gratuity, not just from the date of our intergration into the health management scheme but from the date of our qualification and employment.

Conclusion:

Sir,

We wish you to observe the following:

- a) That we are workers both professional and non-professional of seven Voluntary Agency Health Institution serving the majority of Oyo State.
- b) That we are employed with the same qualification as our counterparts in the civil service, are paid the same salaries and render similar service putting in the same hours of duty and even more, and serving the same community yet, we are not enjoying the same benefits.
- c) That teachers and local government workers are now enjoying government pension and gratuity scheme from the time they join the service.
- d) That the employees of Voluntary Agency Health Institutions are citizens of this country and pay the same tax from which our counterpart in the civil service are paid their pension and gratuity.
- e) That we crave the indulgence of Oyo State Government to give all the staff of Voluntary Agency Health Institution in the state pension and gratuity as their counterpart in Government, on the score of service render to the majority of citizens in the state.

In view to all the above facts, we humbly appeal to you to use your good offices to see that pension and gratuity are extended to us the employees of Voluntary Agency Health Institution in Oyo State to boost our morale and encourage us to continue effectively in the humanitarian service.

We have decided to write this memorandum because we are law abiding citizens working within the limit of the law. As citizens of this country, we appeal that you look into the important points and use your good judgement to implement the right of equality.

Thank you for your co-operation and we sincerely hope that you will use your influence to avert any industrial unrest.

Your Obedient Citizens
For and on behalf of Voluntary Agency Employees, Oyo State

Sgd:

Chairman

Sgd:

Secretary

cc:

Commissioner for Health
Ministry of Health, Ibadan.

Permanent Secretary, Ministry of Health, Ibadan.

Chairman, Oyo State Health Council, Ibadan

Proprietors, V. A. H. Institution, Oyo State

Commissioner, Ministry of Finance, Ibadan.
Permanent Secretary, Ministry of Finance, Ibadan.

Commissioner, Ministry of Establishments, Ibadan.
Permanent Secretary, Ministry of Establishments, Ibadan.

The Secretary, Nursing & Midwives Association of Nigeria.
The Secretary, Medical and Health Workers Union of Nigeria, Ibadan.
The Hospital Management Board.

The National Secretary CHAN.

The Matron, St. Mary's Hospital, Eleta, Ibadan.

The Matron, Catholic Hospital, Oke-Offa, Ibadan.

The Administrator, Baptist Medical Centre
P.O. Box 15, Ogbomosho.

The Matron, Our Lady's Hospital, P. D. Box 11, Iseyin.

The Matron, Oke-Ola hospital, Ikire

The Matron, Our Lady of Fatiman Hospital, Osogbo

The Medical Superintendent, Baptist Hospital, Shaki.

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