

FRIENDS OF NIGERIA NEWSLETTER

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Volume 1, Number 1

A PROGRESS REPORT

In August of this year, a letter was sent to over 350 RPCVs and staff who served in Nigeria informing them of the intent to form a Friends of Nigeria and asking for their suggestions and financial support. In September, a similar letter was sent to the over 80 RPCVs and staff who served in Nigeria and now live in the Washington, DC area. Thanks to the enthusiastic and generous response, Friends of Nigeria is on solid ground. We look forward to publishing this newsletter on a regular basis as forum for news about Nigeria, development, and African affairs, and as a forum for how we might organize a creative response to events and trends concerning Nigerian-American relationships.

As with so many other recent developments in RPCV organizations, Friends of Nigeria began with the Peace Corps 25th Anniversary. It was encouraging then-- and it continues to be so-- to see how many RPCVs want to renew and update their knowledge of Nigeria and their friendships with each other, and the suggestions they make for doing so. There is, of course, the grand idea of a charter flight for a return visit to Nigeria. But there are also suggestions for book reviews, news articles, meetings, cross-cultural exchanges, and other projects to help satisfy curiosity about what has happened in Nigeria since Peace Corps left, and what will happen to Nigeria in the future.

During the last few months, there have been many discussions about what goals we should seek and what form of organization is appropriate to our goals. In these discussions we have sought advice from other "Friends of" groups to learn how they have addressed the issues of goals and organization. The Newsletter is the appropriate forum for reviewing this discussion and seeking as wide a response as possible.

What Goals Should We Seek? We desire to continue the constructive work and involvement with others which marked the Peace Corps experience. We may choose to do so through the funding of small-scale development projects in Nigeria. Grass-roots projects would provide personal involvement with the lives of others. As Katy Hansen and Tim Carroll suggest elsewhere in this issue, lending our support to educating the American public and political decision-makers about the challenges and opportunities of development is a worthy goal. We all hope that a Friends of Nigeria will also make it possible to renew friendships with each other. Direct support of development projects and participation in development education will require thoughtful investigation of the best avenues for participation or creation of avenues that do not now exist. And, we were reminded that we should not forget the original goal of the Peace Corps-- to work for peace. Economic development is only one way to do this.

How Should We Organize? Up to this point, we have communicated mainly with

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Can Collaboration Between Traditional Healers and Western-Trained Doctors Provide Education to Help Reduce Africa's Birth Rate?

Efforts at Cooperation in Nigeria May Lead the Way

Edward C. Green

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In 1977 the World Health Assembly of the World Health Organization passed a resolution promoting the development of training and research related to traditional medicine. The following year in Alma Ata, USSR, the WHO and UNICEF issued additional resolutions supporting the use of indigenous practitioners in government-sponsored health programs. In Africa, such programs were initially directed at traditional birth attendants (TBAs) as distinct from traditional healers. The first widely-recognized collaborative efforts involving traditional healers in Africa centered on psychiatric care; more recent programs have focused on child survival technologies such as oral rehydration therapy. There seem to have been few or no attempts recorded to date to develop traditional healers as family planning service providers-- in fact, official collaborative programs of this sort are rare still in Africa.

There are many reasons why governments and donor agencies have failed to develop the potential of traditional healers in African health and family planning programs. The belief systems of Western-trained and traditional healers are often in inherent conflict, especially so in areas where health care has been in the hands of Western missionary groups who offer competing belief systems along with health care. Traditional and modern healers are also often

in direct competition for money and prestige. In Lagos, for example a number of traditional healers have built their own multi-bed hospitals. Mobilizing traditional healers requires outreach programs and activities which governments have not seen fit to organize, preferring their own employees who are more easily available and supervisable. Western-trained, better off, urban-based Africans are often out of touch with the likes of traditional practitioners and do not appreciate their influence. Foreign donors have little understanding of or access to traditional African healers. On a general level, development planners often think of the traditional medical sector (and other traditional sectors as well) as archaic and dysfunctional, a way of life to be overcome if there is to be development. And there are other reasons-- professional elitism, misunderstanding of the beliefs and practices of patients, and a genuine concern that some traditional practices may be harmful to patients.

Given these reasons, it is not surprising that African government officials regard traditional healers as controversial at best and tend to resent suggestions from foreigners that an important source of manpower is being overlooked. Many Western-educated African elites would prefer to pretend that "witch doctors" are a thing of the past rather than a genuine force to be reckoned

with.

Yet, the fact remains that indigenous practitioners have several important advantages over Western-trained personnel. They are accessible, affordable, and culturally appropriate and acceptable, thereby fulfilling the major criteria for effective health service. They are credible and respected in their own communities and can do much to stimulate interest in and demand for health and family planning services.

But why should traditional healers participate in collaborative programs? Because healers, like other traditional leaders, have been threatened, bypassed, and upstaged in recent years by modern health sector operations, participation can offer prestige and official recognition of their continuing social importance. In addition, collaborative programs offer traditional healers the chance to learn about modern medicine and to make money from the sale of commodities such as oral rehydration salts. These incentives can work very much to the advantage of those in the modern sector who wish to use the potential manpower in the traditional sector.

Unfortunately, collaborative programs have been few. Since 1981, I have been involved in two such programs, one in Swaziland and one in Nigeria. In Swaziland, working with the USAID-funded Rural Water-Borne Disease Control Project, I

Friends of Nigeria Can Contribute to the National Council's Work

Katy Hansen, President
National Council of RPCVs

Being a part of the National Council has broadened my view of what is possible, of what volunteers together can accomplish. There is a great need in this country for a foreign aid advocacy group, for a group which can provide support, expertise, and resource information for Third World interests. We can also provide a base for educational efforts directed toward the American people-- the Third Goal of Peace Corps. When we have the numbers, just think of what we can do! Of how effective we might be! There is no other national constituency that can provide the world view, the experience, and the grass roots level of understanding. It is up to Returned Peace Corps Volunteers.

A Friends of Nigeria, along with other "friends of" groups, can be part of a total concept while at the same time make a different kind of contribution. "Friends of" groups can play a better role in visitor exchanges, support of small-scale development projects in countries of service, and personal services such as charter flights. All this complements the work of the National Council. The "friends of" groups, organized around the concerns of a particular country, can be an important resource for and a contributor to the work of the National Council. The National Council can provide support programs for and communication

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Welcome, Friends of Nigeria

Tim Carroll, Executive Director
National Council of RPCVs

I spent two years in Kaduna. I have always felt that being assigned to Nigeria was a stroke of uncommon good luck, but I suspect there are returned volunteers who have feelings like that about the other 90-odd countries we have served in. So I follow with great interest the proliferation of Country of Service groups which has followed the 25th Anniversary Conference. I know we each identify most closely with those who served in-country with us, that while we want to keep close to our country alumni, it is important to keep in mind that we are part of a larger and more encompassing movement.

First of all, we are all really one and the same, the country-specific, the geographic groups, and the National Council. We have a common goal: to make sure that the time we put in learning about another culture and its problems is a lesson that is not wasted here at home. Too many of us have been frustrated upon returning home to find that no one cared about what we had so proudly accomplished. Finding no audience for our very important message is a condition we want to erase.

Banding together is how we can make that message be heard. We have already testified in front of the U.S. Senate. They heard us say that we want the Peace Corps to continue, and that it has to be financed in order to

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FRIENDS OF NIGERIA QUESTIONNAIRE

Over the next few months we will compile a directory of former volunteers, staff, and others who served in Nigeria. We also want to locate anyone who will assist in organizing chapters and/or programs or contribute to the newsletter. We would appreciate your completing the questionnaire and returning it to Todd Hanson, 2640 N. Ohio St., Arlington, VA, 22207.

I. PERSONAL INFORMATION

A. What is your name, address, and home phone number? Write it the way you would like it to appear in the Directory.

Name _____

Home Address _____

Home Phone _____

B. What kind of work do you do, and what is your current job title?

C. What is your employer's name, and what is your work phone?

Company Name _____

Address _____

Phone _____

II. Service in Nigeria

A. In what capacity-- volunteer, staff, or other-- did you serve in Nigeria?

I was a volunteer from 19__ to 19__.

I was a staff member from 19__ to 19__.

(If not PCV or staff) I served as _____
 _____ from 19__ to 19__.

B. In Nigeria, what was your assignment(s) and/or your greatest accomplishment(s)?

C. In what Nigerian town(s) did you live? Please include the dates you lived in each town.

D. Since your service in Nigeria, have you returned? If you have, was your trip for business or personal reasons?

III. Friends of Nigeria Activities

A. Which of the following activities would you like to participate in? Check as many as apply.

- ___ Visit Nigeria on a charter flight in 1988.
- ___ Help to organize a charter flight in 1988.
- ___ Visit Nigeria on a charter flight after 1988.
- ___ Write articles or book reviews for the newsletter.
- ___ Host exchange visitors from Nigeria.
- ___ Speak to local groups about Nigeria, the Peace Corps, or development.
- ___ Attend a reunion of Nigeria volunteers.
- ___ Help organize a reunion of Nigeria volunteers.
- ___ Serve as representative of my PC/Nigeria group.
- ___ Contact others in my group.
- ___ Organize a local group of Friends of Nigeria.
- ___ Help the Peace Corps return to Nigeria (establish contacts through which this could be done).
- ___ Other:

B. Please write a note with any news about yourself you would like to include in the Newsletter.

C. What kinds of articles and features would you like to read in the Newsletter?

D. Are you a member of the National Council of Returned Peace Corps Volunteers or of a local group of RPCVs?

- ___ National Council Member
- ___ Local Group Member (The name of the group_____)

E. Please list names and addresses of Nigerian RPCVs, staff, or others who served in Nigeria so we can include them on our mailing list and in our directory.

Progress Report, from page 1

RPCVs. All of us are aware that there are others who lived and worked in Nigeria and who would like to contribute to the goals we seek. Some of the contract teachers, oil company workers, and others have indicated a strong interest in joining Friends of Nigeria, and have made financial contributions. We hope others will also join.

There have also been many discussions about the degree of formal organization required. Like all RPCV discussions, this one is marked by strong divisions of opinion, with some arguing for a highly formalized structure and others advocating a looser organization. The question is important and complicated, and will require much more attention in the Newsletter and a decision from all of the members.

Tim Carroll, from page 3

succeed. We will continue to get the message out to whomever will listen.

And we will serve the returning volunteers joining us with a package of benefits. We recently established a group insurance policy for those who can use it. We have the quarterly publication, "RPCVoice" which keeps all of us informed about each other and what is happening to us all.

We have a program already in place for continued involvement for those who are interested in speaking about their experience publicly. Our development education program has moved to our Washington office, and we hope you will participate in its outreach efforts to high schools, community groups, labor unions, and others.

A central switchboard is important for all the groups starting up, whether they are U.S. city-specific, profession-specific, or country-specific. We are here to help you, to connect you with others when you need them, or give you information

from others when appropriate.

It's all about numbers. If we are going to make a difference, all of us have to pull together. Our individual groups need to focus on what they do best, to perform well in their communities or country-related projects. But when we gather up each of our objectives into a single thrust, it ought to equal a national drive. It should say to the public at large, "Here are some Americans who have got it right and we ought to pay attention." Because in the main we HAVE got it right. What we have to say is vital to the central issues of this country and we ought to say it together.

So: Welcome, Friends of Nigeria. Let's get together and dance the high life, let's import some AHHH, Star, for an occasional bash and let's see who can remember the words to the national anthem, but most of all let's get together. There's a lot of unfinished business and we were good at getting things done. Remember?

Nigeria May Lead in Collaborative Health Programs

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interviewed traditional healers to learn about their beliefs and practices related to water, sanitation, and diarrheal diseases of childhood. My research led to discussions with the Swaziland Ministry of Health about the role traditional healers play in treating water-borne diseases. Out of those discussions came a series of workshops designed to stimulate cooperation between traditional and modern healers. Eventually, over 200 traditional healers attended the workshops, and the Swaziland Traditional Healers Society lent their enthusiastic support. The workshops, now conducted by the Swaziland Ministry of Health without expatriate participation, have begun to have an impact on healing practices. For example, preliminary evaluation shows that traditional healers have begun to move away from purgative treatments for childhood diarrhea and toward adoption of oral rehydration therapy.

Since early 1986, I have been involved with attempts to involve traditional healers in family planning programs in Nigeria. The Population Crisis Committee (PCC) requested that I discuss with them the prospects for fertility decline in Africa. Given the high fertility rates in Africa, PCC was interested in a range of programs aimed at inducing fertility decline, including the involvement of traditional healers.

In April 1986, after two

months of literature review and discussions with organizations involved in family planning programs in Nigeria, I went to Nigeria to explore the possibilities of establishing family planning training programs for traditional healers. Nigeria is an appropriate choice for such programs, for two broad classes of reasons. First, Nigeria has a precedent for programs involving traditional healers. T.A. Lambo, now Deputy Director General of the W.H.O., pioneered such programs with his psychiatric care facility at Aro in the 1960's. Unfortunately, that program is now moribund and there has been almost no development of collaborative programs in the last two decades.

Second, Nigeria is the most populous nation in Black Africa. Its high fertility rates exemplify some of the cultural forces supporting the most rapid rate of population increase in the world today. These include unilineal kinship descent, ancestor veneration, traditional land tenure, the economic value of children, early marriage, female subordination, ethnic rivalries, religious traditions and teachings, lack of education, poverty, filial piety, and patterns of subsistence agriculture dependent on the labor of women and children. The complexity and sheer weight of these factors make many leaders feel that population control programs run counter to the basic beliefs and practices of many Africans. Is

it possible to significantly influence demand for family planning services, and if so, how? Since so many of the constraints on fertility decline are cultural, it would seem that cultural solutions must be sought.

My first discussions were in Benue with the State Ministry of Health (SMOH) and the local chapter of the Planned Parenthood Federation of Nigeria (PPFN). Benue is the site of a small scale project, funded by USAID and implemented by the American College of Nurse-Midwives, in which Traditional Birth Assistants (TBAs) are trained in family planning and in community based distribution of contraceptives. I learned from the project director that many of the (female) TBAs undergoing training were married to (male) traditional healers, and that these healers would appear at the workshops along with their TBA wives hoping to participate. No traditional healers had as yet been included, in part because there was no official policy regarding their participation and in part because the SMOH did not want to appear to be condoning practices it regarded as harmful. After lengthy discussions, we agreed to initiate a pilot training program including traditional healers. Beginning in three Local Government Authorities, we hope to expand the workshops to all of Benue State.

While in Nigeria, I became aware of the steps taken by

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links between groups, while groups like Friends of Nigeria help the National Council to formulate its overall national agenda, its vision, and its advocacy.

We know what can be done. We need the involvement of everyone. It is with numbers that we have an impact.

BECOME A MEMBER

Become a Founder or a Charter Member of Friends of Nigeria and receive the Directory and Newsletter, and a waiver of 1988 dues. Become a Founder for \$100 or a Charter Member for \$20. Send your contributions to Karen Keefer, 6405 5th Avenue, Takoma Park, MD 20912

Collaborative Health Programs, from page 7

Lagos State to stimulate collaboration between traditional and modern medicine. The State Government recognizes traditional healers through the Lagos Board of Traditional Medicine. The Lagos SMOH had organized collaborative programs in the past. (There is also a USAID-funded program in Sokoto State that should lead to a collaborative program in the near future.) One of these programs trained a small number of herbalists in community-based distribution of contraceptives and in primary health care. The project, possibly unique in Africa because of its reliance on traditional medicine, is virtually unknown outside Lagos State. Yet it is clearly the kind of program that could serve as a model for the rest of Africa.

Trainees in the program are primarily male herbalists (Yoruba: onisegun) who already specialize in midwifery, pre- and post-natal care, and in traditional methods of pregnancy prevention. Their involvement in preventing pregnancy predisposes these healers to be willing to try modern contraceptive methods. They show great interest in learning about primary health care and modern contraceptive methods, and they are successful in interesting their clients in paying for and trying modern contraceptives.

respectability, and preempts criticism from Western-trained doctors.

Given the resistance to family planning in Africa, programs are likelier to succeed if they are integrated with primary health care and if there is support from local religious and political leaders. In Swaziland and Nigeria, governments are exploring the possibilities of working through cooperative associations of traditional and modern healers. The efforts I have described here suggest great potential. The W.H.O. reports that in at least 25 African countries, traditional healers operate under official auspices. Programs in Nigeria may well serve as models for similar programs throughout the rest of Africa.

Training is designed and coordinated through the Lagos Board of Traditional Medicine, composed primarily of traditional healers but including some scientifically trained professionals. Their cooperation ensures both cultural appropriateness and

This issue of the Newsletter was prepared by Sandra Frazier, Monica Greeley, Todd Hanson, Karen Keefer, Marjorie Lueck, and Phil Michael. We would like to hear from you! Send your articles, reviews, personal news, suggestions, and comments to Todd Hanson, 2640 N. Ohio Street, Arlington, VA 22207