

THE NATIONAL YOUTH SERVICE CORPS AND NIGERIA'S HEALTH SECTOR

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CONTENTS

Contents	-	-	-	-	-	-	v
Preface	-	-	-	-	-	-	viii
Acknowledgment	-	-	-	-	-	-	x
Introduction	-	-	-	-	-	-	xi
1	History of Health Care Sector in Nigeria						
	<i>Sunny Odikpa</i>	-	-	-	-	-	1
2	Challenges of Health Sector in Nigeria						
	<i>Rabiatus Ibrahim Abdullahi</i>	-	-	-	-	-	19
3	NYSC Health and Hygiene CDS Group and National Development in Nigeria.						
	<i>Ntagu, Miracle Promise</i>	-	-	-	-	-	37
4	NYSC and HIV/AIDS: An Assessment of NYSC Sensitisation Campaign against HIV/AIDS						
	<i>Ayodele Christian</i>	-	-	-	-	-	57
5	NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020						
	<i>Orafa Stephen Tersoo</i>	-	-	-	-	-	77
6	NYSC, National Primary Health Care Development Agency and the Combat of the Ebola Virus Disease in Nigeria						
	<i>Amos Amech Ichaba</i>	-	-	-	-	-	96
7	National Youth Service Corps and the Fight Against Drug Abuse in Nigeria						
	<i>Abah, Joel</i>	-	-	-	-	-	118

8	National Youth Service Corp Members in Medical and Health Care Service Delivery in Kogi State - Nigeria	
	<i>Sule, Abubakar</i>	135
9	The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector: An Assessment of the Health Initiative for Rural Dwellers (HIRD) in Irele Local Government Area of Ondo State	
	<i>Abu Leonard</i>	160
10	The NYSC and Health Initiative for Rural Dwellers	
	<i>Usman Abubakar Lamido</i>	177
11	An Analysis NYSC and Free Medical Care in Nigeria	
	<i>Itodo, Unekwu Friday</i>	192
12	NYSC and Free Medical Health Care Delivery in Nigeria	
	<i>Aondoahemen Edward Adamgbe</i>	208
13	National Youth Service Corps and Collaboration with National Environmental Standards and Regulations Enforcement Agency	
	<i>Apoku Gabriel Aondofa Melvin</i>	229
14	The NYSC and Environmental Sanitation Advocacy in Nigeria	
	<i>Ayodele Christian</i>	255
15	NYSC and Environmental Sanitation Advocacy in Nigeria: A Review of NYSC Environmental Protection and Sanitation CDS Group Activities in Anambra State	
	<i>Ntagu, Miracle Promise and Promise, Chinecherem Victory</i>	275

16	NYSC and the Campaign For A Drug Free Society in Partnership with National Drugs Law Enforcement Agency (NDLEA)	
	<i>Abubakar Ishaq</i>	300
17.	Brigadier General Shuaibu Ibrahim: An Overview of His Achievements as 18th NYSC Director-General	
	<i>Bem Japhet Audu and Maryam Hamza</i>	325
Index	- - - - -	346

PREFACE

Since the attainment of independence in 1960, the medical sector has faced challenges of personnel, equipment and other issues. Central to the establishment of the National Youth Service Corps (NYSC) scheme in Nigeria was the determination to bridge the deficits in health workers in the rural areas and certain parts of the country. For instance, according to the National Manpower Board, as early as the 1960s, about 40% of the country's 57,000 high-level manpower (excluding teachers) were employed in Lagos. Similarly, about 70% of the nation's medical and para-medical personnel were employed in few urban areas, especially within the university system and state capitals. This, left most of the rural areas without adequate medical and para-medical personnel to cater for their needs. This continued until the NYSC was birthed.

The birth of the NYSC in relative context, was to bridge the uneven distribution of medical personnel in the country. Studies have shown that unlike the first two decades of independence, the NYSC scheme through its posting policy, has to some extent, made medical personnel and services available to Nigerians in the rural and urban centres. In this connection, medical doctors, pharmacists and laboratory technologists have proven quite useful in the provision of Free Medical Health Care Delivery across the country. Apart from the graduates in the health sector, the NYSC scheme has also served as a platform for graduates outside the medical discipline to provide free advocacy services pertaining to such diseases as HIV/AIDS. Consistent with the schemes objectives of delivering health services to rural dwellers, the NYSC Health Initiative for Rural Dwellers (HIRD) was instituted in 2014. Through the initiative, it was expected that the scheme would enhance accessibility to health care services in the core rural areas. In recent time, studies have not been carried out to ascertain the extent to

which the scheme has helped the health sector in the country, especially in the rural areas.

It is against this problem that this project seeks to study the nexus between the NYSC scheme and the health sector in order to bridge the gap in knowledge about the contributions of the scheme to the health care delivery in Nigeria. The various chapter givers in this book have tried to interrogate the extent to which the NYSC scheme has supported the health sector in Nigeria since its inception in 1976, while also bringing to the fore areas that still requires strengthening. For instance, in spite of the remarkable contribution of the NYSC, to free medical health care delivery in Nigeria, insecurity, infrastructure deficit and illiteracy have remained a challenge against the role of the NYSC in this regard.

This book is therefore a very important intervention, especially on discourses of health in Nigeria. Its strength lies in the searchlight the various chapter givers have beamed on the NYSC and its role in health care delivery in Nigeria in the last four decades. The issues examined in this book and some of the policy options provided, would go a long way in assisting policy makers, academics, students and several other International Development Agencies (IDA), who are interested in understanding the various ramifications of the interventions of the NYSC, especially in the health care sector to do so. This volume could also be a veritable instrument for addressing Nigeria's heath care challenges through sectoral interventions.

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It is with profound gratitude that we acknowledge God Almighty, for without Him, this project would not have become a reality. We acknowledge with gratitude the chapter contributors for agreeing to write well-researched articles within a limited period. Their patience and perseverance in the course of this project is really commendable.

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Also, our profound appreciation goes to the Director-General of NYSC, Brigadier General (Assoc Prof) Shuaibu Ibrahim and his Staff who gave us unflinching support and ensured that this project is a huge success. Without the DG, the project would have suffered setbacks beyond measure.

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Shuaibu Ibrahim, Patrick Ukase, Bem Japhet Audu, Maryam Hamza, Rufai Aliyu. *April, 2021.*

INTRODUCTION

Brief History of the National Youth Service Corps (NYSC)

The National Youth Service Corps (NYSC) was established in 1973 by the government of General Yakubu Gowon. The history of the scheme is traceable to the events that took place in Nigeria towards the last half of 1960s. The years 1967-1970 were characterized by the Nigerian civil war. At the end of the war, the General Gowon administration came up with new policies that would promote post-conflict peace, reconciliation, rehabilitation and reconstruction. Consequently, the vital need for national unity led to the birth of the NYSC idea. The NYSC Scheme came into being through Decree No. 24 of 22nd May 1973. It states that the NYSC is being established with a view to the proper encouragement and development of common ties among the youths of Nigeria and the promotion of national unity. After 20 years of existence, the 1973 Decree was repealed and replaced with No. 51 of 16th June, 1993, now referred to as the National Youth Service Corps Act, Cap. N84, Laws of the Federation of Nigeria 2004. The Act is preserved by Section 315 (5) (a) of the Constitution of the Federal Republic of Nigeria, 1999 (as amended), thereby, making the NYSC Act part and parcel of the constitution.

According to Section 1(3) of the NYSC Act, the objectives of the Scheme are to:

- (a) inculcate discipline in Nigerian youths by instilling in them a tradition of industry at work and of patriotic and loyal service to Nigeria in any situation they may find themselves;
- (b) raise the moral tone of the Nigerian youths by giving them the opportunity to learn about higher ideals of nation achievements, social and cultural improvement;

- (c) develop in Nigerian youths the attitudes of mind, acquired through shared experience and suitable training, which will make them more amenable to mobilization in the national interest;
- (d) enable Nigerian youths acquire the spirit of self-reliance by encouraging them to develop skills for self-employment;
- (e) contribute to the accelerated growth of the national economy;
- (f) develop common ties among the Nigerian youths and promote national unity and integration;
- (g) remove prejudices, eliminate ignorance and confirm at first hand the many similarities among Nigerians of all ethnic groups; and
- (h) develop a sense of corporate existence and common destiny of the people of Nigeria.”

In order to achieve the objectives stated above, Section 1(4) of the NYSC Act provides that the Scheme shall ensure:

- “(a) the equitable distribution of members of the service corps and the effective utilization of their skills in area of national needs;
- (b) that are far as possible, Nigerian youths are assigned to jobs in States other than their States of origin;
- (c) that such group of Nigerian youths assigned to work together is as representative of Nigeria as far as possible;

- (d) that the Nigerian youths are exposed to the mode of living of the people in different parts of Nigeria.
- (e) the Nigerian youths are encouraged to eschew religious intolerance by accommodating religious differences;
- (f) the members of the service corps are encouraged to seek a year for their one year national service, career employment all over Nigeria, thus promoting the free movement of labour;
- (g) that employers are induced partly through their experience with members of the service corps to employ more readily and on a permanent basis, qualified Nigerians, irrespective of the States or origin."

Basically, the aims and objectives of the NYSC is to reinforce institutional efficiency and effectiveness as well as youth development in the country. It is accepted in several quarters that NYSC is a viable platform for the transitioning of youths into self-reliant adults and the improvement of general welfare and development. The NYSC programme has since inception facilitated steady and effective supply and distribution of skilled manpower, breaking of social and cultural barriers as well as the building of friendly bridges across ethno-linguistic boundaries. It has also assisted in the promotion of values, national unity and development, rekindled interest in neglected but vital areas of national development and promoted leadership qualities in the youths. The Scheme has four (4) cardinal programmes which are: Mobilisation/Orientation, Primary Assignment, Community Development Service and Winding-Up/Passing- Out Exercise.

The maximum age requirement for youths under the scheme is thirty (30) years old. They are also engaged in community development programmes and activities. According to Section 2(2) of the NYSC Act, the only groups of youth exempted are those that have served in the

Armed forces or the Nigerian Police for a period of more than nine (9) months or in the security agencies, those over thirty (30) years of age and those conferred with National Honours. In addition, the choice of youths above every other age group was based on the fact that they are considered the most active change agents needed in building a united Nigeria, and a way of achieving this is for the youths to imbibe and nurture a sense of common belonging and national consciousness which would transcend political, social, state and ethnic loyalties.

At the onset of the NYSC in 1973, only 2,346 graduates were mobilized. However, judging by the evolution of the Scheme, there has been a phenomenal increase in the number of graduates that are participating annually. NYSC is capable of bringing out the best qualities in Nigerian youth and imparting in them the right attitude and value for nation building that serves as catalyst to national development, sense of pride and fulfillment of its participating graduate youths. The criteria observed in the deployment of Corps members include:

- the equality of states,
- ability of states to absorb the service of participants,
- posting based on concessional considerations (marital and health grounds), posting on demand from various federal government establishments,
- the supportive role of a government is also increasingly becoming a factor in the placement of corps members,
- the deployment of corps members has retained its traditional process with the majority of corps members going to the classrooms.

The Scheme's presence is felt and noticed in all the LGAs in the country, creating higher emphasis in the rural and grass root development in line with its objectives since inception.

History of Healthcare Sector in Nigeria

1

History of Healthcare Sector in Nigeria

Sunny Odikpa

Introduction

Nigeria's health care sector has garnered much attention in terms policy formulation and implementation from pre-colonial to post independence time. In Nigeria's pre-colonial period, traditional medical practice was the dominant system of health care delivery before any form of contact with the wider world¹. Although this system was largely under the control of the traditional medical practitioners such

¹Welcome. M. "The Nigerian Health Care System: Need for Integrating Adequate Medical Intelligence and Surveillance Systems", in *Journal of Pharmacy Bio- Allied Science*, Vol.3, No.4, 2011, pp. 460- 470.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

as herbalist, indigenous midwives, bone setters and other esoteric practices that existed, this indigenous medical system catered for the health related challenges of the various societies that constitute what is now known as Nigeria. The emergence of formal or organized health care services in Nigeria pre-dated several National and sub-national development plans, dating back the colonial period. However, the emergence of modern medical treatment in Nigeria, for instance, was traceable to the exploration of Mungo Park and Richard Lander which was seriously hampered by disease, and led to introduction of the use of quinine by Dr Baikie during the expedition of 1854². This treatment was not accessible to the indigenous people until the advent of various church missionaries that began to establish hospitals and dispensaries as part of their humanitarian services. This study aims to examine health care sector in Nigeria from the pre-colonial to post-independence era.

Pre Colonial Health Care System in Nigeria

In Nigerian communities, there existed men and women who were indigenous medicine practitioners. This group of people provided medication for people on daily basis. Indigenous medicine existed in African societies before their contact with Arab and Western civilization. Traditional medical practitioners were thus highly respected by their various communities because of their contribution to health care delivery of their society³

In pre-colonial Nigeria, indigenous healers provided a high percent of primary health care services for the rural dwellers. Among Nigeria

²Emuakpor. A. S. "The Evolution of Health Care Systems in Nigeria: Which Way Forward in the Twenty-First Century", in *Niger Medical Journal*, Vol. 51 No.2, 2010, pp. 53-65.

³Iyere J. I. "The Relevance of Traditional Medicine in Contemporary Africa", in *Uma Journal of Philosophy and Religious Studies*, Vol.1, No.1 and 2. 2008, pp. 50-56.

History of Healthcare Sector in Nigeria

medicine practitioners are herbalists, diviners, surgeons, bonesetters, dentists, ophthalmologists, gynecologists, psychiatrists, rainmakers and so on. These specialists have helped and are helping to provide the needed primary health care services to the people. Indigenous medicine practitioners are known for effective treatment of the following ailments; malaria, typhoid fever, bone fracture, bullet proof talisman or charm, extraction of bullets from wounds, mystical poison, antidote for spiritual attacks, infertility, sexually transmitted diseases among others⁴.

Most medicine practitioners were dedicated to their profession; they gave much time and attention to their patients, by so doing, medicine practitioners were able to penetrate deep into the psychological state of their patients. The availability and accessible nature of indigenous medicine practitioners attracted many people to patronize them. The traditional concept of disease causation in most cultural areas in Nigeria incorporated beliefs in natural or God-given illness and in supernatural forces. These included witchcraft, spirit disturbance, the breach of a taboo, and failure to observe kinship rules or religious obligations⁵.

This concept of the causes of illness influenced the mode of treatment applied. Diagnosis was based on one or more of several procedures, including: observation of the patient's attitude, gestures and ability to perform basic tasks as a test of logical reasoning; divination and possession, which may lead beyond diagnosis to prognosis and prescribed treatment; and case history, which may be intensive and cover a patient's family and social milieu. The sick had three chances: to

⁴Asiegbu .M. A. "DibiaOgwu: An Indispensible Agent in the Search for Ultimate Reality and Purpose in Igbo World", in *Philosophy and African Medicine*, Vol. 3, 2006, pp. 25-32

⁵Ubrurhe.J. O. Urhobo Traditional Medicine. Ibadan. Spectrum Books Limited, 2003, p. 26.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

recover from illness, to remain ill or to die⁶. In any case, the healer was seen as a helping medium trying to intervene between the hidden forces and the patient. Some practitioners accepted payment in kind, often only after the outcome of the treatment was known. Often, the client could decide what to pay to the healer. It was possible for the payment to be postponed through mutual agreement until the following agricultural season or when fortunes improved. Payment could, take the form of a gift of a chicken or goat, foodstuffs or some assistance in the farm labour. The amount of payment varied with the severity of illness and time required for full recovery. In contemporary times traditional medicine still provides the only source of medical care in many rural areas owing to the scarcity and low accessibility of modern medical services. In such circumstances the rural population's use of traditional care will vary with the nature and gravity of the case, the type of specialist customarily sought, the acculturation of the client, the proximity of a preferred or reputable specialist and transportation⁷. On the whole, indigenous medical practice provided and still provides primary health care to the rural people even with the existence of modern health care services in Nigeria.

Emergence of Modern Health Care Services in Nigeria

Although the Arabs have had the distinction of early-organized medical services, there is no record of the introduction of such services to Nigeria despite the long period of interactions between some parts of present day northern Nigeria and the Arabs during the fifteenth century. The situation was essentially the same with respect to the trade relations between the southern parts of Nigeria and some European nations, especially the Portuguese and Great Britain during

⁶Odimegwu . I. "Health as Cultural Phenomenon." Philosophy of and African Medicine.Vol ,3, 2006, pp 155-161.

⁷Patrick .I. "Knowledge of Herbal Resources and Development of Practitioners in Nigeria."Philosophy of and African Medicine. 2006, pp 107-126.

History of Healthcare Sector in Nigeria

the later part of the fifteenth century⁸. The first record of modern medical services in Nigeria was during the period of the various European expeditions in the early to mid-nineteenth century. The earlier explorations of Mungo Park and Richard Lander were seriously hampered by diseases which made Dr. Baikie introduce the use of quinine in the expedition of 1854, which greatly decreased mortality and morbidity among the explorers. It is still a subject of considerable debate whether the use of quinine by Dr. Baikie was his original discovery or whether he borrowed the idea from indigenous medical practitioner with whom he had interacted in the course of his expeditions. The use of quinine both as prophylaxis against and as therapy for malaria fever, expanded exploration and trade between Nigeria and European countries during the late nineteenth and early twentieth centuries⁹.

However, this earliest form of Western health care in Nigeria which was provided by doctors brought by explorers and traders was to cater for their own well being, during this period, the services were not available to the indigenes of the various localities which they visited. However, it was the church missionaries that first established health care services that were accessible to the indigenous people. In view of this, the first health care facility was a dispensary opened in 1880 by the Church Missionary Society in Obosi, followed by others in Onitsha and Ibadan in 1886. However, the first hospital in Nigeria was the Sacred Heart Hospital in Abeokuta, built by the Roman Catholic Mission in 1885¹⁰. It should be stated that these missionary health care facilities were primarily used as tools for winning converts and expanding their

⁸Asuzu .M. C. "The necessity for a health systems reform in Nigeria", in *Journal of Community Medicine & Primary Health Care*. Vol.16, No. 1, 2004, pp. 1-3

⁹Schram .R.A *History of Nigerian Health Care Services*. Ibadan, Ibadan University Press, 1971, pp.42-45.

¹⁰Scott-Emuakpor .A. "The evolution of health care systems in Nigeria: Which way forward in the twenty-first century" , in *Nigerian Medical Journal*, Vol. 51, 2010, pp. 53-65

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

followership, consequently, these facilities were competitive rather than complementary.

Health Care Services during Colonial Era

After the establishment of colonial rule in Nigeria, the British colonial administration did not show immediate interest in the health care sector not until the end of the World War II. It was after this period that the colonial state began to respond to the political and economic contradiction engendered by the growth of colonial capitalism and nationalism¹¹. One such response was the decision to extend modern health care to all Nigerians. Thus, the first attempt at health care sector reform was the Walter-Harkness Ten-Year Plan of 1946-1955 launched by the British administration. The Plan completely revolutionized the history of health services in Nigeria. The health programme proposed in the plan were progressive building of environmental hygiene; provision of adequate portable water for all; expansion of hospitals, maternity, child welfare and dispensary services and an intense campaign of preventive medicine at the grassroot level¹².

One landmark feature of the plan was the establishment of a Ministry of Health whose primary function was to coordinate health services throughout the country. It was during the Plan period that the University College Ibadan was founded with a Faculty of Medicine and Teaching Hospital – the University College Hospital (UCH). UCH was the first quality tertiary and higher health care manpower training institution in the country. However, the Plan was criticized for paying

¹¹Ityavya.D. Background to the Development of Health Services in Nigeria. Social Science Medicine, vol. 24, 1987 no.6, pp. 487-499.

¹²Federal Government of Nigeria. Second National Development Plan 1970-1974: Program of Post-War Reconstruction and Development. Lagos: Federal Government Press. 1970.

History of Healthcare Sector in Nigeria

little attention to preventive and primary care¹³. It accorded more importance to curative medicine. This was not surprising as preventive medicine then was opposed to the ideology of Western modern medicine that emphasized cure - in which the planning of health services was seen to be synonymous with building of hospitals, dispensaries or medical schools. The neglect of preventive medicine in the Plan was evident as nothing was specifically budgeted for immunization, sanitation, health education among others. The 1946 health reform reveals even more limitations. It disregarded the politics of revenue allocation and was completely insensitive to the distinct regional and ethnic groups of Nigeria

Furthermore, other hospitals were built initially as small isolation facilities for epidemic febrile conditions, and later expanded to include general beds. A number of hospitals were also built between 1900 and 1933 in urban and semi urban areas in the northern part of the country. These include those at Lokoja, Idah, Kaduna, Zungeru, Ilorin, Ibi and Offa¹⁴. It was only after the 1950s that some rural areas began to have dispensaries within a radius of 100 miles. The combined activities of the Christian missions and the British colonial government in Nigeria led to a rapid rise in the number of hospitals in Nigeria after the First World War. Furthermore, the beginning of the First World War (1914-1918) coincided with the amalgamation of the Northern and Southern regions. This war produced a lot of military activities in Nigeria, leading to the establishment of several military health care facilities, some of which were left to function as civilian hospitals after the war. In 1930 there were 71 hospitals in Nigeria; of these, 47 were

¹³Federation of Nigeria. National Development Plan, 1962-1968. Lagos: Federal Ministry of Economic Development. 1962.

¹⁴.Schram .R. A, *A History of Nigeria Health Care Services*. Ibadan, University Press, 1917, pp 61-68.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

established by the government, while 23 were owned by Christian missions. The remaining one was privately owned. By 1945 the number of hospitals in the country had risen to 116. The Christian missions established 46 while the government owned 69 and only one had been privately established¹⁵.

The Dynamics of Health Care Services in Post-Colonial Nigeria

Between 1952 and 1954, the control of medical services was transferred to the Regional governments, as was the control of other services. Consequently, each of the three regions (eastern, western and northern) set up regional Ministries of Health, in addition to the Federal Ministry of Health. Although the Federal Government was responsible for most of the health budget of the regions, the regional governments were free to allocate the health care budget as they deemed fit. Over the years of development planning in Nigeria, health care services have been characterized by short term planning as reflected in the various national development plans between 1945 and 2008. The first remarkable national policy statement on health care services delivery in Nigeria was in 1954 as reflected in the then Eastern Nigeria Government report titled "Policy for Medical and Health Services". This report stated that the aim of health care was to provide national health services for all irrespective of the location or place of residence. The report emphasized that "since urban services were well developed, the government intended to expand rural service. These rural services would be in the form of rural hospitals of 20- 24 beds, supervised by a medical officer, who would also supervise dispensaries, maternal and child welfare clinics as well as preventive work. The policy made native authorities contribute to the cost of developing and maintaining such rural services, with grants-in-aid from the regional

¹⁵Fendall .N. R. E., "A History of the Yaba School of Medicine, Nigeria", in *West African Medical Journal*, 1967, Vol.16, p.118.

History of Healthcare Sector in Nigeria

government. The policy document was extensive and detailed in its description of the services envisaged. This was therefore the major health policy statement in Nigeria before and during Independence. After independence in 1960, the same basic health care policy was pursued. By the time the Third National Development Plan was produced in 1975, more than 20 years after the report mentioned above was articulated, not much had been done to achieve the goals of the Nationwide Health Care Services policy. The Third National Development Plan, which was described by General Yakubu Gowon, the then Head of the Military Government, as "A Monument to Progress", stated, "Development trends in the health sector have not been marked by any spectacular achievement during the past decade". This development plan appeared to have focused attention on trying to improve the numerical strength of existing facilities rather than evolving a clear health care policy¹⁶.

The Fourth National Development Plan (1981- 1985) addressed the issue of preventive health services for the first time. The policy statement contained in this plan called for the implementation of the Basic Health Services Scheme (BHSS), which provides for the establishment of three levels of health care facilities; namely: 1) Comprehensive Health Centers (CHC) to serve communities of more than 20, 000 people; 2) Primary Health Centers (PHC) to serve communities of 5000 to 20, 000 persons; and 3) Health Clinics (HC) to serve 2000 to 5000 persons. Thus, a CHC would have at least 1 PHC in its catchment area (ideally 4) and a PHC would have at least 1 HC in its catchment area. These facilities were to be built and operated by state and local governments with financial aid from the federal government. By this policy, the provision of health services would be the joint responsibility of the federal, state and local governments. In its outlook,

¹⁶Attah.E. B. "Health and Nigeria's third development plan", in *Journal of the National Medical Association*, Vol. 68, 1976, pp. 256–257.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

this policy is not different from the one published in 1954 by the Eastern Nigerian Government previously mentioned.

On the last day of 1983, a new Military Government came into being in Nigeria and one of the reasons it gave for the Military intervention was the state of health services, declaring "our teaching hospitals have been reduced to mere consulting clinics". One of the government's first efforts was to revise the Fourth National Development Plan. The health strategy under this revised plan gradually shifted emphasis to primary health care. Although this has always been the ultimate goal of the plan, the political will did not seem to exist for its implementation¹⁷.

Closely associated with the emergence of a centralized health care system in Nigeria was the training of indigenous health manpower. The need for manpower training and for the development of indigenous skills in health care services was recognized quite early, first by the missionaries and later by the colonial government. The main reason for this was the fact that the missionary physicians, as is true for other missionaries, had a high rate of morbidity and mortality among their ranks resulting from the inclement weather and previously unfamiliar tropical diseases¹⁸. Since health care services had become a major part of evangelism, it became obvious that Nigerians needed to be trained in all aspects of evangelical work, including health care delivery, in order to expand the missionary activities to the hinterland. The nearest place where this training was available was Britain.

Several Africans were thus sponsored by missionary agencies to study in Britain. The first was John Macaulay Wilson, a Sierra Leonean, who

¹⁷Wunsch.J. (et al), *USAID Governance Initiatives in Nigeria: A Strategic Assessment of Primary Health Care and Local Government*. USAID, Lagos, 1994, p.46.

¹⁸Ransome-Kuti.O. (et al), (Ed.), *Strengthening Primary Health Care at Local Government Level.the Nigerian Experience*, Lagos, Academy Press Ltd,1991, pp.72-80.

History of Healthcare Sector in Nigeria

became the first native African to become a physician. The first two Nigerian physicians were James Africanus Beal-Horton and William Broughton Davis, and they were similarly trained in Britain. World War I brought the need for indigenous trained health care personnel home to the Colonial Government, which had hitherto mostly excluded Nigerian physicians from government medical services¹⁹. The war led to the deployment of physicians and other health care workers in the army and there was an acute shortage of health personnel. This led to the establishment in 1939 of the first medical school in Nigeria, the Yaba Medical College. At first, it trained medical assistants, but was later upgraded to train assistant medical officers. By special arrangement between the Colonial Office and the Royal College of Surgeons and Physicians of Great Britain, most of the assistant medical officers were granted Licentiate Diplomas, after a short exposure in Britain. Because the Yaba College trained only half doctors, it became quite unpopular with the emergence of political activism among Nigerians²⁰. It eventually disappeared with the establishment of the University College, Ibadan.

Although the Yaba College was closed due to its unpopularity, another school for training incomplete doctors evolved in Kano in 1955. This was also short-lived and its graduates were mostly converted to full-fledged doctors by a political declaration. Medical training in Nigeria's premier university, University College, Ibadan, was fashioned after the British system as would be expected. The pre-clinical work was done in Ibadan, the clinical work was done in Teaching Hospitals in England, and the degrees awarded were London University degrees²¹. By 1957,

¹⁹Akinsola .H. A. *Community Health and Social Medicine in Medical and Nursing Practice*, Ibadan, AM. Communications, 1993, p.49.

²⁰Ransome-Kuti.O. "Finding the Right Road to Health", in *World Health Forum*, Vol. 8, 1987, pp.161-163

²¹Scott-Emuakpor.A."The evolution of health care systems in Nigeria: Which way forward in the twenty-first century" , in *Nigerian Medical Journal*, Vol. 51, 2010, pp. 53-65

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

all aspects of the training were done in Ibadan, but the degrees were still those of London University, whose officials conducted the examinations in Ibadan. It was not until 1967 that the University of Ibadan granted its own degrees. By this time, the University of Lagos had also started awarding its own medical degrees.

This was followed in quick succession by Ahmadu Bello University, University of Ife (now Obafemi Awolowo University), and the University of Benin. Other institutions followed, including the University of Nigeria Nsukka, the University of Ilorin, the University of Calabar, the University of Port Harcourt, the University of Maiduguri, the University of Jos, and the University of Sokoto. The training of other health care professionals followed the same developmental process as that described for doctors with the early ones being trained in England, until the development of local schools²². The training of nurses in Nigeria started after the establishment of the Nursing Council of Nigeria. The Preliminary Training School (PTS) for nurses, which was based in Lagos, was transferred to Ibadan as one of three (3) such schools in the country. The others were in Kano and Aba. Whereas the two (2) schools in the South (Ibadan and Aba) had only a 6-month programme, the one in North (Kano) had two (2) courses, one of them admitted students with lesser qualifications and the programme lasted for one (1) year, while the other programme of 6 months duration was for students with a higher entry qualification. By 1954, 23 (all men) graduated from the Kano School, 40 (16 women and 24 men) graduated from the Aba School and 71 (42 women and 29 men) graduated from the Ibadan School. As was the case with doctors, there was displeasure expressed over the incomplete training of nurses who received local training. This subsequently led to the establishment of 3-

²²Fendall.N. R. E. "A History of the Yaba School of Medicine, Nigeria", in *West African Medical Journal*, 1967, Vol.16, p.118.

History of Healthcare Sector in Nigeria

year nursing schools at designated government hospitals, seven (7) in the North, six (6) in the East and eight (8) in the West²³.

In addition, the Nursing Council granted recognition to 17 missionary built programmes for training of full-fledged nurses. By 1955, there were 100 female student nurses at the University College Hospital in Ibadan receiving British-type State Registered Nurses (SRN) training. There were two (2) cadres of midwifery schools in Nigeria. One trained Grade I Midwives and the other trained Grade II Midwives, the latter being a lower standard of entry qualifications and training. Grade I Midwives were trained in designated government centers and by 1954, 12 women had graduated from the Northern School in Kaduna, 23 from the Eastern School in Aba, 10 women from the other Eastern school in Calabar, and 20 women from both Massey Street, Lagos and Ade-Oyo Hospital, Ibadan in the West. Grade II midwives were trained in missionary hospitals or Native Authority facilities²⁴.

These individuals worked mostly in rural areas and in 1954, five (5) were trained in the North, 21 in the East and 103 in the West. Public Health Attendants (known as Sanitary Inspectors) were trained in four (4) schools of hygiene across the country. One school, operated by the Lagos Town Council Public Health Department, graduated four (4) by 1954, while those operated by the government in Kano, Aba and Ibadan graduated a total of 128. The only schools for training Dispensary Attendants were in the North (Kano and Zaria). They became the centers for training Dispensary Attendants for the whole country, until the establishment of a similar training facility at the University College Hospital, Ibadan in 1957. The Field Unit School at Makurdi began training of Sleeping Sickness Assistants in 1933 and later trained

²³Onokerhoraye.A. G. *Health and Family Planning Services in Nigeria*.Benin City, Benin Social Sciences Series, 1997, pp.23-26.

²⁴Uneke.C. J. "Development of Health Policy and Systems Research in Nigeria: Lessons for Developing Countries", in *Health Polic*.Vol.6 No. 1, 2010. pp. 109-26.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

Medical Field Unit Assistants for the entire country²⁵. At the Oji River Settlement in the East, a 6-month course was established for training Leprosy Inspectors and Attendants. By 1954, four (4) Leprosy Inspectors and 21 Attendants had been trained. Pharmacists were trained in the defunct Yaba Medical College site, and by 1954, 31 had graduated.

The dispensers, trained at Zaria and Kano, were subsequently licensed to practice in Northern Nigeria only. The only places where trained laboratory technicians were was Lagos and Kano Hospitals, however, by 1954, 29 had graduated from Lagos and 2 from Kano. At the same time, three (3) Dental Technical Assistants were trained in Lagos Hospital. The only school for Radiography was in Lagos and it trained x-ray assistants for the whole country. By 1957, a total of 10 had graduated from this school, five (5) from the West, three (3) from the East and two (2) from the North)²⁶. The Orthopedic Hospital in Igbobi, Lagos, and trained six (6) Assistant Physiotherapists by 1957. This represented the training situation for personnel of the various aspects of health care services just before and around independence in 1960. After independence, the improvements were modest for the next 10 years, when judged against the background of population growth. For example, whereas there were 1354 physicians and 58 dentists in 1962, the corresponding figures for physicians and dentists in 1972 were 3112 and 124 respectively. However, the population growth from

²⁵Welcome .M. O. "The Nigerian health care system: need for integrating adequate medical intelligence and surveillance systems", in *Journal of Pharm Bio-Allied Science*, Vol. 3, No.4, 2011, pp.470-478.

²⁶Scott-Emuakpor. A."The evolution of health care systems in Nigeria: Which way forward in the twenty-first century" , in *Nigerian Medical Journal*, Vol. 51, 2010, pp. 53-65

History of Healthcare Sector in Nigeria

54,000,000 in 1962 to 68,000,000 in 1972 makes the numerical improvement less meaningful²⁷.

National Primary Health Care Delivery System in Nigeria

Globally, the place of health in the development of any nation is important. Undoubtedly; the significance of health to national life has made successive governments in Nigeria to design or formulate certain fundamental policies in order to regulate, control and guide the operations of health care services²⁸. In Nigeria, from pre-colonial to post-colonial era, various policies have been put in place in order to improve the health care sector. Some of these policies include Western and Traditional Health Care integration, Basic Health Social Scheme, Primary Health Care scheme, the National Health Insurance Scheme, National Action Committee on Aids among others²⁹.

These policies were put in place with certain objectives. Some of these objectives are; to ensure that every Nigerian has access to good health care services; to ensure equitable distribution of health care facilities within the federation and at all levels of government; to maintain high standards of health care delivery; to limit the rise in the cost of health care services; to improve and harness private sector participation in the provision of health care services, and to ensure that all health care providers conform to laid down rules and regulations guiding health

²⁷Schram R.A *History of Nigerian Health Care Services*. Ibadan, Ibadan University Press, 1971, pp.42-45.

²⁸Metiboba. S. "Primary Health Care Services for Effective Health Care Development in Nigeria: A Study of Selected Rural Communities", in *Journal of Research in National Development*, Vol.7, No. 2. 2009, pp. 100-103.

²⁹Magnussen. L. "Comprehensive versus selective primary health care: Lessons for global health policy", in *Health Affairs*, Vol. 23, No.3, 2004, pp.167-176.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

care operation in Nigeria. However, the implementation of these policies is often bedevilled with challenges³⁰.

In 1985, the Federal Government embarked upon a readjustment of the existing national health policy. It commissioned a Committee to develop an official health policy for the whole nation under the headship of a renowned international expert on public health, Professor A.O. Lucas. In view of the above, after thorough consideration, the Committee recommended the establishment of Primary Health Care delivery as the key to Nigeria's health care services³¹. The recommendation was based on the global interest in the Alma-Ata declaration and on the vision of the Second National Health Care Development Plan. The national health Policy declaration of the Federal Republic of Nigeria was for the country to attain a level of health for all citizens by the year 2000 through the implementation of Primary Health Care³². The objectives of PHC are as follows; To increase coverage of health services, extending such services to the gross-roots, especially to rural communities and the urban poor who are not well served; To change the orientation of health services with more attention on preventive than curative components; To improve efficiency of services and coordination of health care delivery at different levels of government; To involve communities in the health

³⁰Fajewonyomi. B. A. and Jinadu. M. K. "Strategies for the Delivery of Primary Health Care of the Local Government Level", in *The Nigerian Journal of Local Government Studies*, Vol. 4, No. 1, 1990, pp.24 – 30

³¹Abdulraheem .I. and Olapipo . A. R (*et al*), "Primary health care services in Nigeria: Critical issues and strategies for enhancing the use by the rural communities", in *Journal of Public Health and Epidemiology*, Vol.4, 2012, pp.5–13.

³²Cueto .M. "The Origins of Primary Health Care and the Selective Primary Health (<http://www.unxi.nlm.nih.gov/pmc/articles/PMC1448553>).Accessed 06/07/2018.

History of Healthcare Sector in Nigeria

decision making process and to reduce to the barest minimum other broad range defects in the nation's health system³³.

Be that as it may, it is important to note that the report of Professor A.O. Lucas Committee did not receive any attention until 1987 when the Federal Executive Council was convinced by Professor Olukoye Ransome-Kuti, the then Minister of Health to implement recommendations of the Committee. In view of this, in 1988, Professor O.R. Kuti adopted Primary Health Care Delivery in 52 local government areas across the country as pilot project based on the Alma-Ata Declaration of 1978³⁴. This also led to the establishment of National Primary Health Care Development Agency in 1992 which was to serve as a vehicle for developing and supervising the Primary Health Care delivery nationwide. Furthermore, the policy established a three tier system of health care namely; Primary Health Care, Secondary Health Care and Tertiary Health Care, which were to be the responsibilities of local governments, state governments and federal government respectively. The implication of the division was to ensure that every category of people in Nigeria was cared for health wise. In view of the above, the health needs of the people of the grassroots are to be addressed at the primary health care centre. The provision of health care at this level was largely the responsibility of local governments.

³³ Adeyemo.D. O. "Local government and health care delivery in Nigeria", in *Journal of Human Ecology*, Vol.18, 2005, pp.149–160.

³⁴ Bhatia .M. & Rifkin .S. "A renewed focus on primary healthcare: Revitalize or Reframe"? *Globalization and Health*, Vol. 6, No.13.2010, pp.6-1.

³⁴ AregbesolaB. S. and Khan .S. M."Primary Health Care in Nigeria; 24 Years after OlikoyeRansome-Kuti Leadership", in *Front Public Health*, Vol. 5, No.45. pp.3-9.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sunny Odikpa

Conclusion

Thus far, attempt has been made by this study to historicize modern health care services from pre-colonial to post-independent era. This research submits that the emergence of modern health care services and its proliferation in Nigeria is traceable to European explorers and Christian Missionaries in the country at the early stage. However, the post independent governments have also made effort to initiate various reforms in the health care sector over the years. It is pertinent to say that from Colonial to Post- Colonial periods in Nigeria, health care delivery has undergone series of policy formulation and implementation which are all aimed at achieving national health care for all.

Challenges of Health Sector in Nigeria

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Challenges of Health Sector in Nigeria

Rabiatus Ibrahim Abdullahi

Introduction

According to a study by UNDP, less than 49% of rural dwellers in Nigeria barely have access to clean water and also sanitisation as compared to 72% of the population in the urban areas who have no problem of accessing clean water and sanitation.¹ The reason for that can be because of the inability of the government to provide basic social amenities like health infrastructures in the rural areas. For instance, in the North western region of Nigeria where you find that

¹ United Nations Population Division (2010) State of World Population 2010: Unleashing the Potential of Urban Growth. New York: UNPD.

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

there is always huge droughts and most of the population as much as 90% cannot access clean water. Furthermore, in the southern region of the country where there is frequent exploration of oil as an antecedent there has been frequent reports whereby there is water pollution as a result of frequent oil spills which in turn definitely play against the possibility of getting access to clean water.²

This is further worsened with the large growth rate in the country annually, the population of the country has been on a constant growth rate with a population growth rate of 2.83% and an extremely high crude birth rate of 40.20 births/ 1000 people as against the global average of 20.18 births/1000 people, Nigeria is faced with risks of limited health resources to cater for the growing population.³

More so, the World Health Organisation has proved this to be one of the major threats to achieving access to health in the country. More so, the country is in a poor state as per the percentage of people living on less than one dollar per day. The WHO report shows that approximately 80% of the population lives on less than US\$1 per day.⁴

Thus, suggesting the impact of socio-economic status on the health of the population. However, the country's total per capita expenditure on health of US\$50 is amongst the lowest globally, with 80% of health expenditure from household out-of-pocket expenses compounding the poverty level in the country.⁵ Despite the country's large national resources from oil and gas, the country holds a GDP of only US\$2070, lower than the regional average of US\$2561 and a global average of

² World health Organisation (2010) Core Indicators of Health in Nigeria. Geneva: WHO.

³ Population Reference Bureau (2010) World Population Data Sheet [online]. Available from:

<http://www.prb.org/Publications/Datasheets/2010/2010WorldPopulationD>.

⁴World Health Organisation (2011) World Health Statistics. Geneva: WHO.

⁵ Federal Ministry of Health (2009) National Health Management Information Systems. Abuja: FMOH.

Challenges of Health Sector in Nigeria

US\$10599.⁶ Thus, reflecting on a low percentage of the budget allocation of only 3.5% of the GDP to health (World Bank, 2010). This can be argued to be responsible for the poor distribution of health infrastructures across the country, thereby predicting key health indicators in the country.

The deterioration of key national health indicators have been a result of over three decades of economic crisis and political instability in the country. The country fares worse in most of the key health indicators compared to similar sub-Saharan African countries. For example, the under-5years mortality of 138 per 1000 live births is one of the highest globally as compared to 127 per 1000 live births in other sub-Saharan countries and a global average of 60 per 1000 live births (National Health and Development Survey (NHDS), 2006). This high rate in Nigeria might be attributed to a low immunization rate of 41% in 1-year-olds compared to the regional average of 69% (WHO, 2010). Lack of immunization to diseases such as measles and polio is the leading cause of death in Africa. Similarly, the country holds one of the largest maternal mortality ratios of 840 per 100,000 live births as compared to a regional ratio of 620/100,000 live births and a global average of 260/100,000 live births. This can be argued to be attributed to the low rate of antenatal care visits of 45% and a proportion of only 39% of births being attended to by skilled health personnel (WHO, 2010). However, there are large disparities in healthcare accessibility amongst different population groups in the country. For example, only 26% of women in rural areas in North-central Nigeria deliver with the help of a skilled health personnel as compared to 59% of women in urban areas in South-western states. One can argue the influence of traditional beliefs and lack of accessibility to health facilities either due to

⁶World Health Organisation (2011) World Health Statistics. Geneva: WHO.

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

unavailability or transportation, to be responsible for the low percentage ratio in rural areas.⁷

Elsewhere, the rising burden of HIV/AIDS in the country is straining the already weak health system. An estimated 3.2% of the population, summing up to approximately 2.6 million people, lives with HIV/AIDS in Nigeria. The HIV prevalence in Nigeria is 36 per 1000 adults (15-49 years) as compared with a global average of 8/1000 adults. Although the prevalence is relatively higher in other sub-Saharan countries with a rate of 47/1000 adults, one can attribute the high rate of HIV/AIDS in Nigeria to the low rate of contraceptive prevalence of only 15%. It is argued that the country's adult literacy rate of 71% might be responsible for the low uptake of contraceptives. However, it should be noted that there are large disparities across different population groups in the country. To illustrate, in a survey conducted by the UNAIDS in 2010, over 80% of adults (15-49 years) living in the rural areas lack the basic knowledge on how to prevent themselves from HIV and other sexual transmitted diseases, in contrast to only 13% of urban dwellers.⁸ Furthermore, the incidence of all cases of tuberculosis in Nigeria is 497/100,000 as compared to a regional average of 475/100,000 and a global average of 8/100,000. This can be attributed to the high prevalence of tuberculosis in HIV infected people. Nevertheless, the country has achieved a 78% success rate in smear-positive tuberculosis treatments just below the regional average of 80%. All these puts the adult mortality rate in Nigeria to 370/1000 adults (15-49 years) as compared to the global average of 176/1000

⁷ National Health and Development Survey Nigeria Health Indicators. 2006

http://www.census.gov.ph/ncr/ncrweb/ncr_ndhs/index_NDHS.htm. [Accessed 10/01/2013]

⁸ Joint United Nations Programme on HIV/AIDS (UNAIDS) AIDS Epidemic Update 2010. Geneva: UNAIDS, 2010

Challenges of Health Sector in Nigeria

adults. This therefore accounts for the relatively low life expectancy of 54 years in Nigeria in contrast to an average of 68 years globally.⁹

Thus, the current priorities in the Nigerian health sector is aimed at reducing maternal mortality, reducing the disease burden from HIV/AIDS, improving infants survival with emphasis on immunization, control of tuberculosis and malaria, and increasing the participation of the private sector in delivery of health services.¹⁰

A Synopsis on the Apparatuses of the Nigerian Health System Health Governance/ Regulation

The established order of responsibilities are approved by the Federal Ministry of Health in Nigeria which is actually architected across the three tiers of government. health is on the concurrent legislative list, allowing the local, state and federal government to assume overlapping roles in terms of provision, regulation and designs of policy. Nevertheless, the constitution fails to provide specific divisions of responsibilities and roles of each tier of government, leading to ambiguity in the administration and management of health at each level.¹¹ Critics have queried the lack of autonomous of the local government over the primary healthcare, as it is largely controlled by guidance from the state and federal department of primary healthcare.¹² This lack of autonomy might be attributed to the heavy financial dependence on the state and federal government allocation of funds. This argument explains the low Human Resources for Health (HRH) as discussed later in this section. Furthermore, with 75% of the private health sector delivering care at the primary care level, the local government has little or no control over them. Although licenses are

⁹Federal Ministry of Health. National Health Management Information Systems. Abuja: FMOH, 2009.

¹⁰Federal Ministry of Health. National Health Management Information Systems

¹¹Federal Ministry of Health. National Health Management Information Systems

¹²Federal Ministry of Health Health Manpower Situation Analysis. Abuja: FMOH, 2011.

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

issued by the state ministry of health (SMOH) to ensure private health providers comply with regulations, there are limited enforcement activities to monitor the quality of health services delivered (Demographic and Health Survey Report).¹³ Thus, leaving a greater proportion of the private health sector unregulated. Demographically, with 60% of the country's population predominantly living in rural settlements, weaknesses of checks and balances within the private health sector puts majority of the population at risk, who patronizes the private health providers either at the primary or the secondary levels of care.¹⁴ To illustrate, rural areas in Nigeria predominantly lacks specialised tertiary hospitals, therefore depends largely on private health providers, such as patent medical vendors (PMV) for their healthcare needs. For example, a survey carried out in 2006 by the SMOH in Kano state, North-west Nigeria, found one PMV to every 3,000 persons as against one primary care facility to every 15,000 persons.¹⁵

Health Financing

The funding for the health sector largely comes from the Federal Government's account which in turn is shared among the three tiers of government in order for effective financing of the levels of health care in the country, namely; the tertiary, secondary, and primary levels. Nonetheless, it is pertinent to note that not all regions receive the same funds allocation as some are ahead of others. The allocation of funds for the health sector is determined by the population size of each state or in the instance, region, making use of the federal quota system, that is to say, if state A's population stands at 3 million, and state B population is at 1 million, the funds allocated to state A would be bigger

¹³ World Bank. Gross National Income per Capita 2007.

<http://siteresources.worldbank.org/DATSTATISTICS/Resources/GNIPC.pdf>.

¹⁴ Federal Ministry of Health Health Manpower Situation Analysis

¹⁵ Africa Development Indicators the World Bank Group. 2006

http://siteresources.worldbank.org/INTSTATINAFR/Resources/ADI_2006_textpdf.pdf.

Challenges of Health Sector in Nigeria

that that allocated to state B because it is believed that how much a state should have is relative to how big the population in that state is.

This therefore leaves worst hit regions with high disease burden with limited allocation of funds. To illustrate, the South-south region of the country has the lowest population in Nigeria, but the highest rate of infant mortality of 120/1000 live births, yet receives the lowest funding to its health sector.¹⁶ However, the nation's low health funding is a result of only 3.5% proportion of the GDP on health. This is also compounded with mismanagement and corruption at each level of healthcare delivery especially in the public health sector, leading to lack of accountability of the limited health funds. It should also be noted that amongst the current state of poverty in the Nigeria (approximately 60% of the population), household out-of-pocket expenditure on health of 80% remains the single largest source of health financing in Nigeria.¹⁷ This can be argued to be true, as majority of the population (predominantly rural) patronizes private for-profit healthcare providers. In addition, the limitation of the National Health Insurance Scheme (NHIS) to the working elite increases the spending on health from the majority of the population not covered by the scheme. Thus, the inability to pay for health services provided by the private-for profit increases the inequities in utilization of health care services.

Health Service Provision

The provision of health related service is relative both to the private sector in the country and the three tier of government. However, the Faith Based Organisations (FBO) and Community Based Organisations (CBO) have made significant contribution to the control of malaria and

¹⁶ Demographic and Health Survey Report. Infant Mortality Rate and Fertility Rate.

¹⁷ World Bank. Gross National Income per Capita 2007

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

HIV/AIDS services through health promotion activities and counselling in most affected regions in Nigeria.¹⁸

However, it is pertinent to note that in regards to the private sector, there is definitely inequalities in the provision of health services which is determined by the settings of the place whether it is rural or urban. Private sector health providers tend to attend more to urban areas where they tend to make more profits as compared to the rural areas.

Therefore, majority of the population (predominantly rural) settles for alternative traditional healthcare providers with no evidence of quality of services due to the unregulated private health sector. For example, 89% of women in North-central Nigeria prefer to give birth in the presence of traditional birth attendants as against less than 5% in urban areas of south-west Nigeria. Furthermore, there are also large inequities in health amongst the lower one-fifth of the country's poor as compared to the wealthy class. This can be argued to be attributed to the unregulated cost of healthcare services provided in the private sector, leaving the rich to afford such luxury care. Although the section 45 of the Nigerian 1999 constitution overrides individual rights in the interest of the public's health, this jurisdiction does not cover utilization of healthcare services through the private sector.¹⁹

Human Resources for Health

In Africa, the supply of HRH in Nigeria is one of the largest, only comparable to South Africa and Egypt. The latest figure of 39,210 doctors and 124,629 nurses indicate that there are about 30 doctors and 100 nurses to every 100,000 people, compared to the sub-Saharan

¹⁸ Joint United Nations Programme on HIV/AIDS (UNAIDS). AIDS Epidemic Update 2010.

¹⁹ Federal Ministry of Health (National Health Management Information Systems. Abuja: FMOH, 2009, see also Federal Ministry of Health. Health Manpower Situation Analysis. Abuja: FMOH, 2011.

Challenges of Health Sector in Nigeria

average of 14 doctors and 70 nurses per 100,000 people.²⁰ However, there are large disparities in the supply of HRH across different population groups in Nigeria. There are reported shortages of health professionals in rural areas compared to urban areas. To illustrate, more than 60% of women in urban areas delivers with a trained qualified health personnel as against 25% in rural areas. There are also shortages of health professionals at the primary healthcare level. This can be arguably attributed to the low funding of healthcare at the local government level, thereby responsible for low payments of health personnel. More so, this shortage of HRH also extends to the private health sector. With the federal government being the ultimate funder of training, many health personnel are not encourage to stay in the private health sector due to lack of professional development. This is arguably compounded with the lack of job security and relatively low payment as compared to their colleagues in the public health sector.²¹

Challenges Confronting the Health Sector in Nigeria

Health Policy Formulation

One of the challenges or problems the health sector in Nigeria is facing is the inability to formulate effective health care policies through the country's health formulation mechanisms which is the Federal Government through Federal Ministry of Health. For instance, most of the policies that were formed by the Federal Government is somewhat of a one-way traffic meaning that Abuja initiative overwhelms the policies whereas a good policy must receive inputs from all stakeholders and the beneficiaries of the policy. Worse still, the policies even when they are formulated, lack proper coordination neither are they related to any economic target.

²⁰ World health Organisation. Core Indicators of Health in Nigeria. Geneva: WHO, 2010

²¹ Federal Ministry of Health. *Health Manpower Situation Analysis*.

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

From the onset of Nigeria's independence, the government had been articulating health policies different forms either through its National development Plans or through some other governmental decisions. More so, the health sector in Nigeria is further worsened by the discouraging settings in the country, for instance, the political instability coupled with the unsettled economic order has also caused a serious setback to health care policy formulation, implementation, monitoring and evaluation. From the beginning of the country's independence, there has been no continuity in health policies as there is always a frequent change due to the changes in governance in Nigeria especially before the post fourth republic in Nigeria. The military had its different policies as compared to the civilian government which also has their own policies. That is to say, if a government makes a very effective policy, the next government that takes over from the preceding government either changes them or frustrate those policies.

Human and Material Resources

One of the challenges affecting the health sector in Nigeria is that the distribution of health relevant materials and resources are often politicised such that health institutions are sited without adequate consideration of needs of the community. In regards to human resources as relevant to the health sector, there is a shortage of human of this and those not meet up to the World Health Organization (WHO) standard of medical personals needed. The WHO threshold for medical the availability of medical personnel's is one doctor allocated to 500 people; however, Nigeria is far back in keeping to this requirement. Much of the health personnel's in Nigeria are over worked as there is a shortage in manpower, and in most cases, patience have to sit for hours in order to get medical attention in hospitals even when there is an emergency case among the patients on the waiting line, they hardly get attended to as per the shortage in the manpower of medical personals. More so, the medical personals are not adequately motivated as seen in some countries especially the more developed and civilised countries.

Challenges of Health Sector in Nigeria

This does not encourage medical personals to be efficacious in their doings. In the same vein, there is a complete brain drain of medical personals in the country. This brain drain is caused by the attitude of the government towards the medical personal which as an antecedent frustrates them and drives them to find greener pastures where their skills would be much appreciated. Furthermore, the budget allocated to the health sector is not sufficient for effective training and retraining of the medical personals and there is little or no improvement by the Federal Government to improve on those budgets or make efforts to make the training and retraining of medical personals a priority.

Underfunding of the Health Sector

The health sector in Nigeria is characterised by a serious lack of funding of the sector. The underfunding of the sector tends to be of serious challenge to the society at whole. Because of the underfunding of the health sectors, it has not been able to meet up to the standard of the World Health Organisation which requires a country to allocate 15% of their annual budgets to the health sector. This means that the health sector is not properly funded, and if peradventure it was, the corruption that eats up the country would not allow for the effective timely and complete release of those funds to the health institutions and other relevant bodies of health in Nigeria. This gross underfunding of the health sector has existed and has been a challenge for several years, perhaps since the attainment of the country's independence. For example in the 1980's, external aids in form of technological know-how and personnel were affected by Nigeria's political imbroglio and democratization sanction. Then most medical exchange programmes that often assist health care delivery services were not forthcoming thus creating problems.

Weak Facilities/Infrastructure

In the same vein as the preceding challenge noted, the gross underfunding of the health sector has brought about a dearth in health

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

relevant materials and facilities. The health sector in Nigeria is characterise by a weak infrastructural base and weak logistics system and structure which ends up to be so defective and, in most instances, obsolete. More so, one of the reasons for this is the inadequate maintenance of buildings, medical equipment and vehicles coupled with the shortage of drugs, poor management of drugs, the expiry of drugs and vaccines and other essential requirements for patients care. To make this worse, the utility boards in Nigeria make this worse by engaging in the fraudulent supply of water, erratic or rather epileptic supply of electricity coupled with a poor telecommunication structure. The absence of and inadequacy of these infrastructures has proved to be of detrimental effect to the health sector and most Nigerian hospitals. For instance, some of the public hospitals in Nigeria had no priority equipment's like X-ray machines. Furthermore, making things worse is the absence of good transport systems like roads which is neglected by the government and this does not make accessibility easy. This is one of the reasons why most patients referred from the primary level of care, or secondary find it difficult to get to where they can obtain a respite for their ailment and most times worsen the case that ordinarily requires minor treatment.

Poor Motivation of Health Workers

The medical personals in Nigeria are not considerably remunerated like other countries do to their medical personals, mostly the civilised and developed countries though. This in turns comes with some negative effects such as the frustration of these medical personals as an antecedent they tend to deliver poor service, psychological warfare at work, industrial strikes and brain drain, just to mention few absurdities arising from poor motivation. Because of the ineffective nature of the health sector in Nigeria, numerous immunisation programmes put in place by the international health organisations like the WHO could not be able to keep to standard, thus, a effective execution of those immunisations. For instance, there is the inadequate storage of some of

Challenges of Health Sector in Nigeria

the vaccine which requires a very cold environment for preservation and eventual use. Some of the immunisation officials contacted back up this argument by their responses on how the immunisation implementation is being carried out in the country. They complained of bad roads and especially some of the rural areas where it is nearly impossible to reach to the proposed destination for immunisation. Regrettably, it appears that the Nigerian Government seems to have been trivializing theories of motivation (theory X and Y) and of course the implication of this attitude is low productivity and poor performance. This is not in tandem with good administration of health care delivery.

Insecurity Challenges

As proceeding to the above is the political and socio-economic settings of the country. The country is characterise by an unstable political order, insecurity is in the increase, the restlessness of the Youths who believe that there is no equity in the distribution of national wealth to Niger Delta geopolitical zone. So in a situation where hostage of citizens with heavy demand for ransom before release, kidnapping and bombing are continuous daily or weekly occurrence, implementation of health policy in such hostile environments is a mirage/ruse and is handicapped as no doctors, pharmacists, nurses, image scientists and laboratory technologists or Chief Medical Directors would want to lose their life untimely or prematurely. Monitoring and evaluation of health policy implementation in such hostile environment is also in question.

Political and Bureaucratic Corruption

Policy Implementation, Monitoring and Evaluation in the health sector is a challenge in a country where corruption has gone deep, tearing the fabrics of the society. Unarguably, corruption is a misnomer. It replaces meritocracy with mediocracy. Corruption in health sector has gone far in such a way that, teaching hospital had being visited for accreditation

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

of its facilities and human resources and Chief Medical Director hired temporary specialists e.g. Cardiologists, image scientists paediatrics and psychiatrists etc. just to meet the percentage set by the visitors and after the accreditation, it is back to square one – shortage of human resources. Another example of corruption and ethical indecency is diversion of patients to privately owned hospital by a public hospital doctor or pharmacist or nurse. This is unethical behaviour.

Corruption features nearly everywhere in Nigeria and it is a social virus which has almost destroyed efficiency, effectiveness and performance of organisations providing service delivery in Nigeria. You may also wish to see political corruption among the politicians. However, one advantage the health sector has is that each of the team has ethical oath if it ethically complies with e.g. (1) Physician Oaths (Hippocratic Oath) (2) Code of Ethics for Nursing Profession (3) Pharmacist Oath etc. The Declaration of Geneva (Physicians Oath Declaration) adopted by the General Assembly of the World Medical Association at Geneva, Switzerland, September 1948 and amended by 22nd World Medical Assembly, Sydney, Australia, August 1968, is antithetic to corruption if complied with and respect strict senso. Again, like the Doctors' Hippocratic Oath, the Nurses pledge is in alignment with the anticorruption crusade.²²

Paradoxically, most of the rules of professional conduct are at times blatantly violated by some health workers for one personal reason or the other, who have one time or the other gone on industrial strike contrary to item "d": "the health of my patients will be my first consideration"? In the same vein, some nurses in the antenatal and labour wards in some hospitals have been notorious for being rude to patients and are said to have being in the culture of abusing pregnant women at the crucial stage of labour pain when they seriously need

²²Omoleke, I.I. "The Primary Health Care Services in Nigeria: Constraints to Option Performance", N J M, Vol.14.2 (2005):

Challenges of Health Sector in Nigeria

their care. This is also a very serious challenge in the obstetric department and in the hospitals in general. This type of behaviour is tantamount to battery and assault in the law of medicine and is actionable and punishable if the culprit is found guilty. Such action/attitude is also incompatible with their professional ethical codes.

Health Sector Budget

The Nigeria health sector budget is not impressive as it has never moved closer to World Health Organization template of 15% of the members' annual budget to be allocated to the health sector. This recalcitrant act of the Nigeria Governments, past and present is inimical to health care infrastructural development and save delivery services. It affects so many units of health development. The poor health financing arising from lean budget often results in weak and obsolete infrastructure in the hospitals, congestion of patients to access health care because of limited human resources, poor supply of water, wards congestion, irregular supply of electricity, weak telemedicine facility and recruitment, training and retraining of staff of hospitals etc. Nigerian hospitals are "mere consulting clinics without drugs, dressings, water and electricity". What a serious challenge that is surmountable but not well addressed by the Nigeria Governments, an oil producing state for that matter.

Federal Governments Breach of Agreements

It appears that Federal Governments of Nigeria have a tendency to breach any agreement duly signed with tertiary institutions. To this end, the other party has no option except to embark on industrial action which had happened in Nigeria teaching hospitals when doctors, pharmacists and nurses abandoned their duties. The effect of breach of contract by the Federal Government now leads us to another serious challenge of Industrial Strike. Yet the Nigeria Constitution recognizes the importance of health when it states in Section 17 Subsection 3(c)

THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

"The state shall direct its policy towards ensuring that the health safety and welfare of all persons in employment are safeguarded and not endangered or abused", what a paradox!

Inter Professional Conflicts

Unfortunately, investigation and empirical research revealed that inter-professional conflicts are rife in the hospitals. Such conflicts have been smouldering among the professionals in the hospitals, especially among the nurses, pharmacists and doctors. The causes of such conflicts seem to bother on unnecessary rivalry and envy. We want to submit that such cut-throat conflicts and inferiority complex can breed professional animosity and this can affect the patients in their care. When two elephants fight, the grass suffers.

Use of Telemedicine

This is also a technological development in the health sector and it constitutes a challenge in the Nigeria health sector because of poor electricity, the internet and weak communication system being experienced in Nigeria.

Conclusion

The study did well to bring out in light the nature of the Nigerian health sector. The study reveals that Nigeria health sector is in a bad state. The study reveals that less than 49% of rural dwellers in Nigeria barely have access to clean water and also sanitisation as compared to 72% of the population in the urban areas who have no problem of accessing clean water and sanitation. It concludes that this is because of the inability of the government to follow up with its health policies and also provide basic social amenities. And so to be able to improve on its health sector, the study recognised that the Federal Government have to place a priority in the implementation and evaluation of health relevant policies and not just on the formulation of these various policies.

Challenges of Health Sector in Nigeria

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THE NYSC AND NIGERIA'S HEALTH SECTOR

R. I. Abdullahi

World health Organisation.Core Indicators of Health in Nigeria. Geneva:
WHO, 2010



NYSC Health and Hygiene CDS Group and National Development in Nigeria

3

NYSC Health and Hygiene CDS Group and National Development in Nigeria

Ntagu, Miracle Promise

Introduction

Youths are one of the greatest assets that any nation can have; they are usually embedded with untainted energy, robust and virile potentials for charting a new path of social production. Anasi has observed that the youths are the foundation of a society and thus their strategic value makes them very critical in nation-building and leadership.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

recruitment¹. The energies, inventiveness, character and orientation of the youths defined the pace of development and the security of a nation. Youths can also constitute a reservoir of energy and dynamism for any national struggle or campaign if they are correctly guided, mobilized, and fully integrated into the social fabrics of the nation.

Good hygiene is an important barrier to many infectious diseases, including the faecal-oral diseases and it promotes better health and well-being. To derive sound health, improvements in hygiene should be made concurrently with improvements in the water supply and sanitation². The fundamental public health issue is to discuss how to improve personal and community hygiene practices that could help to prevent the spread of faecal-oral diseases. These personal and community hygiene includes hand washing, laundry, bathing, market, animal rearing and street food vendors. Proper hand washing is one of the most effective ways of preventing the spread of communicable diseases. Regular bathing and laundering are also important for cleanliness and good personal appearance. These actions prevent hygiene-related diseases such as scabies, ringworm, trachoma, conjunctivitis and louse-borne typhus. In addition, bathing with soap is an important means of preventing the transmission of trachoma, an illness that can cause blindness and other eyesight problems.

The National Youth Service Corps (NYSC) – a product of federal military government of the Gowon's Regime, which was established as a post-civil war intervention in 1973 became institutionalized under decree No. 24, with the purpose of:

- promoting national unity
- fostering common socio-cultural ties among the youths of Nigeria

¹Anasi, S.N. (2010). Curbing Youth Restiveness in Nigeria: The Role of Information and Libraries. Library Philosophy and Practice.

²UNICEF (2016).Sanitation, Hygiene and Water Supply in Urban Slums.

NYSC Health and Hygiene CDS Group and National Development in Nigeria

- and integration of the teeming youth population³.

In Nigerian context, it can be observed from the national youth policy declaration, that there are variations between the general definition of a youth – i.e. a person between ages 18 and 35 years and the organisational youth corps classifications of a youth – i.e. a person between ages 18 and 30. The target youth group for this programme are young Nigerian graduates, eligible to participate in the National Youth Service Corps (NYSC) (i.e. persons who are 30 years and below)⁴. Nigerian graduates are mobilized and brought together from the various ethnic backgrounds, regardless of religious beliefs, country/state of study and cultural affiliation, for the purpose of “national building” and development.

Immediately after establishment, the NYSC became an operational vehicle for harnessing and showcasing the collective capabilities of Nigerian youths for Nigeria’s national development drive through its youth deployment strategy into key sectors of the economy⁵. The key fields to which corps members were to be deployed as mentioned in the enabling decree included hospitals, farms, water-schemes, road construction, surveying and mapping, social and economic services, schools, food storage and pest eradication, rehabilitation centres, sports development, government departments and statutory

³National Youth Service Corps. “Objectives of the Scheme”. Accessed on 26th February, 2021 from NYSC Official Website:

<http://www.nysc.gov.ng/objectives.php>

⁴National Youth Service Corps.(2015). “ABCs of Community Development Service”. NYSC National Headquarters, Abuja: Press and Publicity Unit.

⁵Obadare, Ebenezer (2015). Statism, Youth and Civic Imagination: A Critical Study of The National Youth Service Corps (NYSC), Centre for Civil Society, Old Building, Houghton Street, London.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

corporations, development projects of local councils and the private sector of the economy⁶.

Initially, the service was divided into primary and secondary assignments. For the primary assignment, each of the corps members was deployed to perform his national service in a field relevant to his qualification. The secondary assignment takes four weeks and involves mobilization of Corps members in groups to perform community and rural development in various locations (Ibid). Recent, Federal Government has approved NYSC deployment strategy into only four key sectors of the economy (agriculture, education health and rural infrastructure development). The NYSC Medical and Health Services Group (Red Cross, Breast without Spot, Polio Plus) is involved in the promotion and provision of Medical Services, Health outreach, First Aid administration, Establishment of Community based clinic, Setting up of clinic for the NYSC Secretariat etc⁷. This paper therefore appraises the role of the NYSC-CDS in Public Health development in Nigeria.

Health, Hygiene and National Development

Numerous studies have shown that the incidence of many diseases is reduced when people have access to, and make regular use of adequate sanitary installations⁸. It has been documented that about 24% of global diseases with high mortality ratio is caused by environmental exposures which can be averted. Nevertheless, most of these deaths are preventable through adequate environmental sanitation practices. The rules and laws, the government officials and titles, the physical boundaries and those who define them all constitute the state. The

⁶NYSC (2014): NYSC Magazine, *The Journal of NYSC Directorate Headquarters*. Abuja: National Youth Service Corps Service.

⁷FMYD (2013a): 2013 Ministerial Platform Presentation: Mid-Term Report of the Ministry of Youth Development, Abuja: Federal Ministry of Youth Development, Nigeria.

⁸Aremu, A. S. (2012). Assessment of Sanitation Facilities in Primary Schools within Ilorin, Nigeria. *Journal of Applied Sciences in Environmental Sanitation* 7(1): 29-33.

NYSC Health and Hygiene CDS Group and National Development in Nigeria

state is what makes the country run from a political view⁹. On the other hand, the people constitute the cultural aspect of the nation. The nation is created by a shared belief that the people inside a country are connected to each other. For instance inhabitants of Cleveland, Denver, or San Francisco all share a connection with other Americans. Just as inhabitants of Plateau, Niger, Kano and Cross River States share a connection with other Nigerians. The existence of nations as an entity of government, territory, population and sovereignty makes the interplay of factors which impact on it important. Consequently the link between social, cultural, economic, political, and physical factors among others have significant impact on the entity nations. Among these factors is the health status of the population which is crucial to the existence of such nations. In the past the health status of communities has been affected by variants of diseases. For instance when the indigenous peoples of the Americas encountered European settlers in the 15th century, they faced people with wildly different religions, customs, and diseases of pandemic proportion. These diseases included infectious diseases such as smallpox, measles, influenza, bubonic plague, diphtheria, typhus, cholera, scarlet fever, chicken pox, yellow fever, and whooping cough. The encounters wiped out large portions of indigenous populations within decades¹⁰. Research further reveals that, among 18 Pueblo villages investigated, populations sank from roughly 6,500 people, to less than 900 in just 60 years. Further to causing a decline in population, a new study suggests that infectious diseases brought by the Europeans from smallpox to measles, have shaped the immune systems of today's indigenous Americans, down to the genetic level.

⁹Christopher Musato "What is the Nation State" available at <http://study.com/academy/lesson/nation-state-definition-examples-characteristics.html>. accessed on 5th March 2021.

¹⁰ Michael "European diseases left a genetic mark on Native Americans" Nov. 15, 2016

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

The forgoing indicates that from the plagues of biblical times to the COVID-19 pandemic of today, public health have played indisputably major roles in human history. The continual growth of human populations since prehistoric times has led to successive invasions of the human population by increasing numbers of different disease causing organisms called pathogens. Today many people's worries about emerging pathogens have been sharply focused by the Ebola virus outbreak in Kikwit, Zaire, and by Lyme disease and Hantavirus outbreaks throughout the United States¹¹. Health and hygiene thus has a great impact in moulding the population and determines to a great extent the way of life of a nation. The diseases status of the population further determines whether such nation continues to exist or not. This health and hygiene status could affect nation building and development as no nation thrives on ill health. Good health and hygiene which is essential to human development, advancement and growth is thus a vital factor in the growth and existence of the nation. It determines the degree of happiness and well-being of the population that constitutes the nation. The absence of disease which could be translated as good health promotes economic progress as healthy populations live longer and are more productive. Mr Kofi Annan, a one time Secretary General of the United Nations (UN) stated that the biggest enemy of health in the developing world is hygiene and poverty. Poverty is linked to the Per Capita Income (PCI) of the nation. PCI on the other hand is strongly related to the Gross Domestic Product (GDP) of the nation which in a roundabout way related to the population size. Furthermore, the GDP among other criteria is used for categorising nations as developed or developing nations.

The foregoing extrapolations indicate that the health status of a nation could impact on diverse aspects of a nation. The health is defined by the

¹¹Frankish, CJ et al. "Health Impact Assessment as a Tool for Population Health Promotion and Public Policy" Vancouver: Institute of Health Promotion Research, University of British Columbia, 2016. Retrieved 2021-3-02).

NYSC Health and Hygiene CDS Group and National Development in Nigeria

World Health Organisation as the complete state of physical, mental, and social wellbeing and not merely the absence of disease or infirmity¹². Health has also been defined from the population health perspective. The population health perspective defines health not simply as a state free from disease but as the capacity of people to adapt to, respond to, or control life's challenges and changes. From these definitions, the components of health are physical, social and mental wellbeing in addition to the absence of disease in all its forms. It indicates that an interplay of Social Determinants of Health (SDOH) play a potential role in health. Such as determinants include the social, environmental, cultural and physical parameters different populations are born into, grow up and function in throughout their lifetimes which ultimately have a measurable impact on the health of the population. These parameters by having an impact on the health status of the population directly impact on the extent to which this population is affected by disease, particularly infectious diseases.

Ill-health and diseases have the propensity to be passed from one individual to another through pathogenic microorganisms. Examples of some important diseases are malaria, cholera, HIV/AIDS, tuberculosis and syphilis among others. The burden of these diseases constitutes a major source of concern to nations even today as it has great implications. For instance according to the World Health Organisation (WHO) in 2004, about one-fifth of all global deaths were a result of infectious and parasitic diseases. Diseases previously controlled through public health measures are also increasing in frequency due to absence of hygiene practices. These include tuberculosis, malaria, dengue fever and cholera. New diseases have also emerged within the last century, such as HIV/ AIDS, Severe Acute Respiratory Syndrome

¹²Daniel Callahan, Journal Article, "The WHO Definition of Health" The Hastings Center Studies Vol. 1, No. 3, The Concept of Health (1973), pp. 77-87

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

(SARS), Lyme disease and West Nile fever¹³. Developing countries are the most affected. The rate of death from infectious and parasitic diseases is almost 14 times higher in low-income countries than in high income countries. Again the WHO for instance estimates that 214 million new cases of malaria worldwide were reported in 2015. The African Region accounted for most global cases of malaria at 88 per cent followed by the South-East Asia Region at 10 per cent. Meanwhile the Eastern Mediterranean Region accounts for 2 per cent. In the same year there were an estimated 438,000 deaths from malaria alone worldwide. Most of these deaths occurred in the African Region with 90 per cent, South-East Asia with 7 per cent and the Eastern Mediterranean Region with 2 per cent. Children under five are particularly susceptible to malaria illness, infection and death. In the same year 2015 malaria killed an estimated 306,000 under-fives globally, including 292,000 children in the African Region. Regions such as the Europe however reported zero indigenous cases of malaria in 2015¹⁴. These figures indicate the impact of malaria illness on the population of Africa in particular. Yet other infectious diseases are equally devastating Africa, particularly sub-Saharan Africa.

NYSC Health and Hygiene CDS Group and Community Development

The National Youth Service Corps (NYSC) scheme was created in a bid to reconstruct, reconcile and rebuild the economy after the Nigerian Civil War. It was established by decree No. 24 of 22nd May, 1973 which stated that it is being established "with a view to the proper encouragement and development of common ties among the youths of Nigeria and the promotion of National Unity"¹⁵. Poverty, mass literacy,

¹³McMichael, A J, 2014 "Environmental and Social Influence on Emerging Infectious Diseases: Past, Present and Future." The Royal Society 359: 1049-1058 accessed 19 June 2017.

¹⁴World Malaria Report, 2015 accessed 7th March 2021.

¹⁵ NYSC (2016): NYSC Magazine, *The Journal of NYSC Directorate Headquarters*. Abuja: National Youth Service Corps Service.

NYSC Health and Hygiene CDS Group and National Development in Nigeria

shortage of skilled manpower, inadequate socio-economic infrastructural facilities, disunity, intolerance, etc. are other conditions that plagued the country which necessitated the then Yakubu Gowon administration to rethink. The NYSC Community Development Service (CDS) is a year-round affair. It is one of the four (4) cardinal points of NYSC. Through the CDS, members of the Service Corps work with the local communities to promote self-reliance by systematically prospecting and executing development projects and programme which impact positively on the socio-economic development of the host communities. Members of the service Corps are called "Corps Members" originally and in principle or "Corpers" on a general note informally. Each Corps Member is compulsorily assigned to a particular CDS group as his/her Group CDS, while Personal CDS project/programme is optional for interested Corps Members. Group CDS is to be attended once in a week and the remaining four (4) days for Place of Primary Assignment. Place of Primary Assignment is the institutional attachment of Corps Members where they are expected to work like staff.

Objectives of NYSC Health and Hygiene CDS Groups

The objectives of NYSC-CDS as spelled out in the Corps Members CDS handbook titled "ABC of CDS" are as follows:

1. Impacting positively on the improvement of rural community life.
2. Developing the spirit of entrepreneurship in the Corps Members.
3. To utilize the challenges which rural development poses and inculcate in the Nigerian Youth the ideals and capacities for leadership, endurance, selflessness, community service, national service, patriotism and creativity.
4. Exposing Corps Members to diverse traditions and customs of the host communities.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

5. Providing the forum for Corps Members to experiment with ideas and translate them into concrete achievements thereby relying less on foreign technology and encouraging the use of local raw materials in the execution of projects.
6. Harnessing the enormous talents and skills of Corps Members into an effective machinery of change in our rural communities.
7. Providing on-the-job training and experience for Corps Members.
8. Providing complementary service in our National development activities, by ensuring that our under-privileged population learns basic techniques for self-help through the appropriate technology concept being promoted by NYSC.
9. To instill in Corps Members the tradition of dignity of labour and productivity.
10. To complement the activities of government at all levels in the stride towards national development¹⁶.
The NYSC has three major CDS Group bordering directly on health vis-à-vis Reproductive Health & HIV/ AIDS Group, Medical and Health Services Group (Red Cross, Breast without Spot, Polio Plus) and Drug Free and Quality Control Group (NDLEA, NAFDAC, SON)

The Reproductive Health & HIV/ AIDS Group focuses on the following;

- To train and mentor Students
- To mobilize and strengthen community based responses on HIV/AIDS prevention
- Sensitization and Campaign.

¹⁶Amos, V. (September 3rd 2015). "Role of the National Youth Service Corps on National Development". Accessed from The Ink Newspaper Online: <http://theinknewspaper.blogspot.co.ke/2015/09/role-of-national-youth-service-corps.html?m=1>

NYSC Health and Hygiene CDS Group and National Development in Nigeria

Similarly, the Medical and Health Services Group focuses on the following;

- Promotion and provision of Medical Services
- Health outreach
- First Aid administration
- Establishment of Community based clinic
- Setting up of clinic for the NYSC Secretariat

Finally, the Drug Free and Quality Control Group (NDLEA, NAFDAC, and SON) focus on the following;

- Eradication of fake and adulterated foods and drugs
- Create awareness on danger of drug abuse.
- Establishment of drug free clubs in Schools
- Ensuring linkages with the host Communities¹⁷

The Impact of Public Health, Hygiene and Diseases on the Nation

Lack of hygiene maintenance gives rise to varied diseases on the nation. These diseases could have varied impact on the nation. Some of these impacts include its significance on security of the nation, economic implications, social, cultural and environmental implications among others. Health and human security are fundamentally valued in all societies but their connections and interdependencies are not well understood¹⁸. Nonetheless, some authors assert a solid association between health and security. “National security and public health experts agree that infectious diseases pose a substantial direct and indirect threat to Nations”. Such assertions are based on a growing body of evidence that associates infectious diseases with effects that may ultimately threaten both human and national concepts of security.

¹⁷National Youth Service Corps (April, 2016). “Rivers KopaMagazine”. A Bi-annual Publication of Press and Public Relations Unit, NYSC Rivers State.

¹⁸Iwu, R. U, Onoja A. I, Oguwuike, T. U, Ogwo, V. O & Egerouh, Sanitary Status of Urban Settlement: Implication for Tropical Diseases Control in Nigeria (A.I Department of Biology Alvanluku Federal College Education, Owerri, Imo State, Nigeria. 2014).

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

Disease can affect individuals and thereby weaken public confidence in a government's ability to respond. Infectious diseases cause an adverse economic impact, undermine a state's social order, and catalyze regional instability. It further poses a strategic threat through bio-terrorism or bio warfare. The following are a summary of research that has associated specific effects of infectious disease with threats to security.

- **Direct Mortality and Morbidity**

The most obvious effect of diseases that may result in the instability of a nation is the ability to cause high mortality rates. Ill-health could pose a direct risk to a nation's security by threatening to sicken and kill a significant portion of the population of a nation. When a disease targets a sector of a population that is relied upon for military protection the situation can be dangerous to such a nation. In Nigeria, COVID infection is a disease with such a tendency more so that a cure has yet been found for it. Malaria though prevalent at least has a treatment and so does meningitis which has a vaccine. The threat of direct mortality and morbidity calls for serious consideration of ways of tackling such certain hygienic practices.

- **Economic Loss**

An outbreak or even the perceived threat of an outbreak could have significant repercussions on trade and travel for the affected nation. The economic effects of infectious diseases are endemic with the case in malaria or epidemic with cholera could be devastating. For instance it is estimated that the GDP of Africa would be nearly one-third higher if malaria alone had been eliminated many decades ago¹⁹. Today many particularly from the western world who have no resistance to malaria dread travelling to Africa and Nigeria in particular. Many of these impacts such as loss of productivity and commerce are indirect. Direct impacts include direct economic costs particularly in the medical costs

¹⁹U.S. Government General Accounting Office (2001, p.2).

NYSC Health and Hygiene CDS Group and National Development in Nigeria of treating infectious diseases. Additionally the UN estimated in 2002 that \$20 billion would be needed by 2007 to provide adequate prevention and care for populations affected by HIV/AIDS in low- and middle-income countries²⁰.

- **Social Impacts and National Security**

The fear and anxiety over a disease can cause significant social disruption. HIV/AIDS has accounted for approximately 20 million deaths worldwide. Between 34.6 and 42.3 million people were living with HIV/AIDS in 2018, and the disease had orphaned approximately 12 million children in sub-Saharan Africa alone²¹. Half of new infections occur among 15- to 24-year-olds a traditionally productive segment of society. The reduction of this demographic group can lead to economic loss due to reduced productivity. It also represents the loss of a core group of parents, social leaders, and key members of society, such as teachers and soldiers. Ministries of defense in some sub-Saharan African countries report HIV prevalence averages of 20–40 percent in their armed services, potentially affecting their military capabilities. Not surprisingly, HIV/AIDS in sub-Saharan Africa has been associated with the destabilization of infrastructures needed for governance.

NYSC-Medical and Health Services Group and Community Development in Nigeria

In the aspect of community help, Abdulazeez testified that Corps Members attached to NYSC Medical and Health services of Kwara State do public enlightenments in motor parks and selected junctions, visit to

²⁰David Heymann “The Evolving Infectious Disease Threat: Implication for national and global security” <http://www.tandfonline.com/doi/abs/10.1080/> accessed 3rd March 2021.

²¹Federal Ministry of Health, 2018; Nigeria National Agency for the Control of AIDS, (2018) accessed 2nd March 2021

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

traffic victims in hospitals, etc²². By way promoting good medical and hygiene activities, Ajayi testified that the Medical and Health services CDS Group of NYSC Lagos State had in 2015 executed a cultural programme titled “Clean the Polluted Land” which has in attendance various community leaders, Corps Members and NYSC officials. In the act of giving back to the society, a Corps Member, Mr. Aladefa Moradeyo with state code number KW/15A/1626 donated a set of school First aid apparatus to 100 pupils of Gaa Ayelabaowo Primary School, Oko-olovo, Ilorin, Kwara State on 7th March, 2016²³. Konk Naija Media reported that Francis Okoye with state code number KW/12B/0069 delivered 2.5million Naira in CDS projects in Offa, Kwara State on the construction of a borehole and a billboard, donated 2000 writing materials to six primary schools, one hundred treated mosquito nets to 100 families, one hundred pairs of school sandals to five selected primary schools, one hundred West African Examination Council (WAEC) recommended novels (Blind Trust) and one hundred pens to one hundred SS1 students, organised quiz competition, train less privileged on entrepreneurial skills including baking of cakes, chin-chin, egg roll, among others.

Sir-Kenayo observed that Corps Members at Ota, Ogun State embarked on a sensitization and cleaning exercise titled “Operation Keep Ota Clean” in collaboration with Ogun State Environmental Protection Agency on the need of keeping environment clean. The exercise experienced a good turn-out with Corps Members picking all the dirt and keeping drainages clean. The topic they sensitized people on were; Global Warming; Effect of Illegal Dumping of Refuse; Air and Water Pollution; Health and Hygiene; and Recycling of Waste²⁴. The Nation

²²Abdulazeez, S.T. (2016). "Importance of National Youth Service". KwaraKopa Magazine. 2016.

²³Batch A. NYSC Kwara 2016: Press and Public Relations Unit.

²⁴Sir-Kenayo (2016). “Ogun Corpers: Operation Keep Ota Clean CDS Projects in Pictures”. Accessed from <http://www.sirkenayo.com/ogun-corpers-operation-keep-ota-clean-cds-projects-in-pictures/>accessed on 3rd March 2021

NYSC Health and Hygiene CDS Group and National Development in Nigeria

gathered on 18th March, 2016 that Okeke Stanley, Corps Member, built a bore hole and a well-stocked library at the Community Secondary school, Nkomoro, Ezza North, Ebonyi State²⁵. Vanguard, on 28th June, 2012 captured the efforts of four Corps Members -Otto Oronom Harmony, Oyelaja Olusola Olayenu, Emuvayan Tejiri and Amaeze Ugochukwu who served Lagos State in 2011/2012. Otto donated hundreds of mosquito nets to hundreds of families in Makoko, 500 novel and books to under-privileged children, established Millennium Development Clubs in two (2) secondary schools and built rehabilitation home for ex-sex workers. Emuvayan's work included a construction of bore hole for Taiwo Street - Idiabara, renovation of a classroom into a modern library for students of Golden Secondary School, donated 50 mosquito nets to different families on World Malaria Day, trained over 600 people in five different communities on the then MDGs²⁶.

Conclusion

In conclusion it is vital for Nigeria to realize the implications of a deteriorating health status of the populace. As the health condition of the populace deteriorates, it has adverse effects on the developmental efforts of the government and as such the people suffer. Furthermore, as socioeconomic parameters remain largely unmet, the health of the populace is at stake with little or no infrastructure and resources to tackle the deteriorating health conditions. In order to promote hygiene, laundering of clothes and bedding would require constructing laundry slabs or sinks near water points. Markets often represent a health

²⁵ Anioke, O. (March 18th 2016). "Corps Member Honoured for Donating Borehole, Library". Accessed from The Nation: <http://www.thenationonlineng.net/corps-member-honoured-donating-borehole-library/> accessed on 5th March 2021

²⁶ Areanya, L. (June 28th 2012). "NYSC Lagos State Honours Award: A Tale of Four Corps Members". Accessed from Vanguard: <http://www.vanguardngr.com/2012/06/nysc-lagos-state-honours-award-a-tale-of-four-corps-members/> accessed on 5th March 2021

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

hazard because foodstuffs may not be stored properly. Additionally, the markets may lack basic services, such as water supply, sanitation, solid waste disposal and drainage. Ideally, markets should have several taps to provide traders and customers with ready access to safe water for drinking and washing. Market areas should also be properly drained to prevent flooding and insect breeding. Animals should always be kept away from households, particularly cooking areas and drinking-water sources, since their excreta contain pathogens that can contaminate food and water. Animal waste should be disposed properly, away from homes and water sources, or be used as fertilizer. Finally, Street food-vendors commonly operate under less hygiene environment, Although people enjoy food from these vendors, in many cases the food is of poor quality and it represents a serious health risk. Moreover, the street vendors often keep cooked food at ambient temperatures for prolonged period of time and may warm the food only slightly before serving. All these factors may make the food from street vendors dangerous.

It is a clear fact that NYSC does not only empower the youths as one of its objectives. It has also been impacting in the socioeconomic development of various communities through its CDS component. Examples of projects like building of schools, construction of ICT centre and library, construction of sporting facility, sensitization campaigns on environmental hazards and road safety, etc., are clear indications of community development. Thus, the study maintained that CDS scheme of NYSC is highly relevant in community development as various instances showed that different communities have been benefiting from the efforts of Corps Members with sense of purpose and unity, sometimes assisted by philanthropists, NGOs and other stakeholders.

The study therefore suggests the following;

- The Nigerian government and NYSC officials should retain and empower the component.

NYSC Health and Hygiene CDS Group and National Development in Nigeria

- The Nigerian government and NYSC officials should device more ways of encouraging Service Corps Members to engage in more CDS projects/programmes.
- More of collaborative CDS should be made available so as to assist the Corps Members with technical skills and sponsorships at ease.
- Benefitting communities should be engaged throughout the execution of the project/programme.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise

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NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

4

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign against HIV/Aids

Ayodele Christian

Introduction

Nigerian youths have been leading the call in the fight against HIV/AIDS, using the paraphernalia of knowledge dissemination in every nook and crannies of the society they found themselves, mostly through their respective community development services groups. The National Youth Service Corps (NYSC) through various sensitization programmes and HIV/AIDS CDS has stood out overtime in the aspect of information dissemination and awareness creation, mostly on ways to prevent the dreaded diseases, and ways to live with it when infected.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

Using knowledge as their main operational tool, they were able to take their campaigns not only to the classrooms but also to the streets.

The National Youth Service Corps is a compulsory one year national programme for graduates of tertiary institutions across the country since 1973. It is pertinent to also note that, the NYSC also in partnership with the UNICEF, UNAIDS, International HIV/AIDS Alliance and other local Non-governmental organisations like Project HOPE, The Positive Action for Treatment Access (PATA), Twinning for Health Support Initiative, Nigeria (THSI), Society for Family Health (SFH) among others, all in Nigeria have worked together to avert and combat the HIV/AIDS menace since 2003. Volunteers from these groups are created as they engaged in creating awareness and bringing valuable life-saving skills to the various communities they were posted to.

This work therefore is an attempt to examine the NYSC and HIV/AIDS advocacy programmes in Nigeria. The work is divided into seven sections; the introduction, clarification of terminologies, the third section covers community mobilization for HIV/AIDS prevention, section four discusses the background to the establishment of the NYSC, section five discusses the role of NYSC in HIV/AIDS sensitization and campaign, section six examines the impact of NYSC sensitization and campaign on the people and finally, section seven gives suggestion in curbing the spread of HIV/AIDS and conclusion.

Conceptual Clarification

HIV/AIDS: HIV is the acronym for Human Immunodeficiency Virus, an infection that attacks the body's immune system, specifically the white blood cells called the CD4 cells. HIV destroys these cells, weakening a person's immunity against infections such as tuberculosis, cancer among others. AIDS is the advance stage of HIV and it stands for Acquired Immunodeficiency Syndrome. The World Health Organization recommends that every person who may be at risk of HIV should access

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

testing. People diagnosed with HIV should be offered and linked to antiretroviral treatment as soon as possible following diagnosis. If taken consistently, this treatment also prevents HIV from progressing into AIDS and transmission to others.¹

Community Development Services: Community Development Service (CDS) is one of the four (4) Cardinal Programmes of NYSC in which Corps members contribute positively to the development of their host communities throughout the period of national service. Since its creation in 1973, the National Youth Service Corps has been making great contributions in the social, political and economic transformation of the nation. In recent times, the Scheme has been the vanguard of the nation's drive to correct the imbalance in our rural-urban development through various community development programmes executed by Corps members. These programmes have revolutionized our communities in the areas of education, health care delivery, agriculture, communication, infrastructure, technology, economic empowerment, poverty eradication, social services and above all national consciousness and socio-cultural regeneration.²

Advocacy: Advocacy is an activity by an individual or group that aims to influence decisions within political, economic, and social institutions. Advocacy includes activities and publications that influence public policy, laws and budget by using facts, their relationships, the media and message to educate government officials and the public. Advocacy can include many activities that a person or organization commences

¹"HIV/AIDS" https://www.who.int/health-topics/hiv-aids#tab=tab_1. Accessed 8/3/2021.

² "ABC" OF COMMUNITY DEVELOPMENT SERVICE" NYSC, NDHQ Abuja, October 2014.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

which includes media campaigns, public speaking, commissioning and publishing research.³

Health: The current World Health Organization's definition of health was formulated in 1948 and it defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition was ground breaking as its wide connotation and all implying. It overcame the negative definition of health as absence of disease and included the physical, mental, and social domains.⁴

Community Mobilization for HIV Prevention: The African Perspective

Community mobilizing strategies, designed to engage and galvanize community members to take action towards achieving a common goal are increasingly recognized as essential components of HIV prevention programs. In the area of HIV prevention, community mobilizing interventions have recorded successes in increasing the use of condoms, improving service access and quality, increasing social cohesion and most recently in encouraging the uptake of HIV counselling and testing in the society. Beyond these demonstrated successes, community mobilization (CM) has played a key role in effective implementation of key bio-medical interventions for the future. For example, landmark trials have demonstrated the efficacy of early antiretroviral treatment (ART) for HIV positive individuals to prevent transmission to uninfected partners and providing ARTs to high risk HIV negative individuals to prevent contraction of the virus.⁵

³J.A. Obar, "An Analysis of How Advocacy GROUPS IN THE United States Percieve and Use Social Media as Tools for Facilitating

⁴M. Huber, H. Hurst and L. Green, "How Should we Define Health" *BMJ Online Journal*, 343 (2011): 1 accessed December 15, 2019.

⁵S.A. Lippman, S. Maman, C. MacPhail, R. Twine, D. Peacock, K. Kahn, & A.Pettifor, Conceptualizing community mobilization for HIV prevention: implications for HIV

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

The success of ‘treatment-as-prevention’ approach hinges on developing CM strategies to inspire broad support for care and treatment for those living with or at elevated risk of HIV/AIDS, their family and community. Unleashing the potential of community mobilization for HIV prevention is particularly critical in sub-Saharan Africa, which accounts for approximately 70% of the global HIV infections. Community mobilization interventions to prevent HIV have varied widely in tactics and focus.⁶ A number of CM efforts have included components that address the larger social and structural context surrounding HIV, including efforts to reduce discrimination and stigmatization of people living with HIV/AIDS; to create social cohesion and extend social networks for disadvantaged communities; and to ensure community participation in prevention and care programmes.⁷

The best known HIV prevention mobilizing effort was undertaken by sex workers in Sonagachi (Kolkata), India. Over 15 years of HIV prevention mobilizing efforts resulted in increase in condom use among sex workers while new cases of HIV contraction declined and remained low in Kolkata as compared to sex workers in other Indian cities. The basic components of the Sonagachi Project included the establishment of quality STI/HIV testing and treatment clinics; facilitated access to condoms; training of peer outreach workers, who over time became leaders for collective actions; political advocacy and formation of broad partnerships; founding of a literacy program and a

prevention programming in the African context. *PLoS one*, 8 (10), e78208, (2013).<https://doi.org/10.1371/journal.pone.0078208>

⁶World Health Organisation (WHO), A Conceptual Framework for Action on the Social Determinants of Health: Debates, Policy & Practice, Case Studies, *Social Determinants of Health Discussion Paper 2*, World Health Organization Geneva, 2010.

⁷World Health Organisation (WHO), A Conceptual Framework for Action on the Social Determinants of Health: Debates, Policy & Practice, Case Studies, *Social Determinants of Health Discussion Paper 2*, World Health Organization Geneva, 2010.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

loan service program at a credit union; and the establishment of an organization to oversee the various efforts. While the Sonagachi Initiative evolved into a community-led program, constantly adapting to respond to local needs and opportunities, other mobilizing projects have included community participation but largely remained externally run interventions with prescribed components. Project ACCEPT (HPTN 043), for example, was an NIH (National Institute of Health) funded multi-site randomized community trial that aimed to change community norms and reduce risk for HIV infection through community based HIV counselling and testing, community outreach, and post-test support. The seven major community mobilization (outreach) strategies used in Project Accept included: forging stake holder buy-in, formation of community coalitions, community engagement, community participation, raising community awareness, involvement of leaders, and partnership building. Results from ACCEPT indicate that mobilizing communities around HIV testing drastically improved testing uptake and may have lowered the rate of new HIV infections, particularly among women 24-35 years of age.⁸

The experiences in Sonagachi represent examples of successful mobilization initiatives in practice, yet, there are many efforts that apply the term “community mobilization” rather arbitrarily to describe activities ranging from peer education to conducting social media campaigns. Evans and colleagues have argued that “activities that target and aim to empower individual community members should be distinguished from community mobilization efforts which seek to construct a collective entity out of a group of individuals.” Most mobilizing projects have failed to make this distinction or explicitly focus on community change; others fail to describe what the process of

⁸S.A. Lippman, S. Maman, C. Mac Phail, R. Twine, D. Peacock, K. Kahn, & A. Pettifor.... 2010

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

mobilization around HIV prevention entails; fewer still have elaborated on the underlying theory guiding the selection of activities. Currently there is widespread buy-in for community mobilization and yet very little published work that lays a conceptual foundation for how to mobilize communities around HIV prevention and no consensus around the core components of mobilizing. Most practical guides for CM in public health (including, but not limited to HIV prevention) come from larger international institutions' resources for community-based work, including publications from UNAIDS, WHO, and CDC. Some resource guides are quite substantial; others are helpful in that they lay out recommendations for activities. However, they are also largely theoretical and pay little attention to contextual factors that play a large role in successes and failures.⁹

The Role of NYSC in HIV/AIDS Sensitization and Campaign

When HIV/AIDS was first diagnosed in Nigeria in the early 1980s, the country embarked on health-focused initiatives to combat the epidemic. However, the rapid and alarming spread of the epidemic which saw the prevalence rate rise from 1.8% in 1998 to 5.8% in 2001 caused the government to redirect mechanisms and strategies to prevent the spread, mitigate its consequences and provide care and support for people who have contracted the disease.¹⁰ In this regard, education, creation of awareness and sensitization has been identified as the critical means for achieving change in the society.

The National Youth Service Corps (NYSC) is one of the major youth platforms for the advocacy campaign against HIV/AIDS. NYSC has played a significant role in the sensitization and fight against HIV infections. This sensitization started during the 21-Days Orientation Camp in the various states of the federation. The camping is to train

⁹S.A. Lippman, S. Maman, C. Mac Phail, R. Twine...

¹⁰ NYSC, NYSC Magazine, *The Journal of NYSC Directorate Headquarters*. Abuja: National Youth Service Corps Service. (2014)

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

and prepare the Nigerian youths for national service or national assignment. Apart from the other activities like parade, seminars were organised by NGOs and other officials to sensitize the youths on the risk of HIV and the need to always use preventive measures such as condoms and abstinence from pre-marital sex. This seminar usually ends with the recruitment of Corps members who are interested in joining the fight against HIV/AIDs. These seminars sensitize the Corps members on the HIV/AIDS risk and prevention and also prepare them to sensitize the general public in their various places of primary assignments. Through the Community Development Service (CDS), members of the Service Corps worked with the local communities to promote self-reliance by systematically prospecting and executing development projects and programmes which impact positively on the socio-economic development of the host communities.¹¹

The CDS component of NYSC is classified into different CDS Groups, Personal CDS and Collaborative CDS. NYSC Corps have through these different CDS groups played the advocacy role in the sensitization of the public on HIV/AIDs, stigmatization and reproductive health.

Akume et al (2012: 106) asserts that:

“The CDS requires that Corps members use their acquired skills to provide services like education, health care delivery, rural infrastructural and community development, agriculture, science and technology, and enlightenment campaign for the benefit of their host community... As such, ensuring the success of the CDS imposes on the Corps members to wear a spirit coated with dedication and enthusiasm

¹¹Akume, A.T., Solomon, M. Mohammed, O.A., Conflict, the NYSC Programme and the Question of Policy Relevance in Present Day Nigeria: An Assessment. In, Abdulrahman, D.A., Ogundiya, I.S. Garba, T., Dankani, I.M. (eds.), *50years of Nigeria's Nationhood: Issues and Challenges for Sustainable Development*. Ibadan: Crown F. Publishers. (2012), P. 106

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

irrespective of the challenges they might face in so far as they are not life threatening".¹²

Collaborative CDS such as Reproductive Health & HIV/AIDS Group, and Medical and Health Services Group (Red Cross, Breast Without Spot, Polio Plus, Sexual Health etc.), among others, partner with National and Non-Governmental organizations and other establishments to implement development programmes and campaign against diseases such as HIV/AIDS. For instance, the Reproductive Health & HIV/AIDS Group CDS has its aim of training and mentoring students either in tertiary, secondary or primary institutions on HIV/AIDS prevention and stigmatization. The CDS also mobilize and strengthen community based responses on HIV/AIDS prevention as well as sensitization and campaigns in their place of primary assignments (PPAs).

According to UNAIDS Global, HIV/AIDS prevention campaign supporting materials include leaflets, booklets, pamphlets, audio and video messages to target audiences. These materials are useful for following reasons. (a) It makes the message highly understandable for targeted audience. (b) It provides details that are not elaborated on in the message. (c) It helps both the service providers and the patients.

Indeed, Corps members play relevant roles in sensitization and campaigns against HIV/AIDS, there have been the issues of funding of CDS projects. The funding is usually a shared responsibility of the community, government and stakeholders. The funds for the campaigns and awareness rallies as well as seminars are sourced through corporate or Non-Governmental Organisations (NGOs), philanthropists, government agencies, public spirited individuals in the community, political office holders or representatives, etc. Also Corps members in their places of primary assignments especially in

¹²UNAIDS Global, Global HIV & AIDS statistics — 2020 fact sheet, accessed at 16th March, 2020, <https://www.unaids.org/en/resources/fact-sheet>

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

secondary and primary schools often play significant roles in the sensitization and campaigns about HIV/AIDS. The Corps members usually organize events like seminars, public advice and interpersonal counselling and sensitization against HIV epidemic. They often organize or resuscitate Anti-HIV/AIDS club in the schools.¹³

According to an oral interview with Abubakar Ya'u, a Corps member in Kaduna, he noted that:

When I was posted to a secondary school in Kaduna South Local government area, with the renewed interest in the fight against HIV which was kindled from the orientation camp, I partnered with a local NGO (**Action Against Aid**) to organize a seminar on HIV/AIDS prevention and subsequently started an anti HIV/AIDS club in the school. This gave me a sense of fulfillment.¹⁴

One of the most effective campaigns methods against HIV sensitization is through interpersonal communication. According to Hannan¹⁵

Interpersonal communication is the most effective means in influencing the behavior of an individual or a small group of people because of following reasons.
(a)Message is delivered by a person who belongs to that particular group to whom message is constructed (opinion leader influence). and

¹³Amos, V. "Role of the National Youth Service Corps on National Development". Accessed from The Ink Newspaper Online: <http://theinknewspaper.blogspot.co.ke./2015/09/role-of-national-youth-service-Corps.html?m=1>, (September 3rd, 2015).

¹⁴Oral Interview with Abubakar Ya'u, age 24+, A Corp Serving at Kachia LGA, Kaduna, on 11th March, 2021

¹⁵Hannan, A.M. (ed.), Introduction. In, Youth Service in Comparative Perspective, CSD Monograph No. 09-04. St Louis: Global Service Institute: Center for Social Development. (2003: 23)

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

- (b) Content of message is more harmonized with local culture, tradition, norms and values. For instance, the NYSC reproductive Health & HIV/AIDS CDS' target audience for HIV/AIDS prevention campaign are students, sex workers, truck drivers, transvestites, drug users exchanging needles for injecting drugs, women, intelligentsia [as opinion leaders] and the other vulnerable youths To sum up, the effective communication campaigns can play significant roles in preventing HIV/AIDS by providing
- (1) a forum of discussion and communication,
 - (2) Creating supportive environment for positive behavior change,
 - (3) Creating knowledge about the services available in target population area,
 - (4) Mainstreaming and putting HIV/AIDS on the news agenda,
 - (5) Social mobilization with the help of opinion leaders, and
 - (6) Sharing resources and capacity building especially partnerships with the government departments, NGOs and media outlets etc.¹⁶

In view of the rapid rate of HIV infection, its severe socioeconomic and demographic effects in affected populations and the predominant mode of transmission through sexual intercourse, a change of sexual behavior is the most important and appropriate prevention strategy.¹⁷ However,

¹⁶Hannan, A.M. (ed.), Introduction. In, Youth Service in Comparative Perspective...

¹⁷E.M. Ankrah, and C.B. Rwabukwali. *Knowledge, Attitude and Practice Study of School Health Education: Implications for AIDS Control*. Kampala, Uganda, UNICEF Uganda, 1987. See also N. Ayiga, J.P. Ntozi, F.E. Ahimbisibwe et al. "Deaths, Testing and Sexual Behavioral Change And Its Determinants in Northern Uganda", in

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

due to the COVID-19 pandemic in late 2019 through 2021, NYSC advocacy programmes on HIV/AIDS were paused. This is because of the intensity of the Covid-19 pandemic.

HIV/AIDS presents a challenge for behaviour-change programmes. Past behaviour-change interventions seemed to assume that sex is a simple mechanical act onto which abstinence, mutual fidelity or condom use could be imposed. However, when the external factors of gender inequality, poverty, migration and high rates of sexually transmitted infections (STIs) are brought together with physical and psychological factors unique to each human being, such as hormonal activity, age and self-confidence, it becomes clear that sexual activity is a highly complex phenomenon. Today, sexual and reproductive health programmes cannot be effective without integrating HIV/AIDS prevention. Similarly, effective HIV/AIDS prevention cannot be achieved if education programmes do not include wider aspects of sexual and reproductive health. However, given that sexual activity is driven by a wide range of factors, it is likely that long-term, consistent behaviour change requires not only deep-rooted psychological conviction on behalf of the individual but also broader social change, including poverty alleviation and gender equality.¹⁸

Poverty and HIV/AIDS are closely linked. At national and community levels, poverty prevents the establishment of needed prevention, care, support and treatment programmes. Poverty also reduces access to information, education and services that could reduce the spread of the virus. At an individual and household level, income and poverty often forces women, and some men, into sexual situations they would not

Resistances to Behavioral Change to Reduce HIV/AIDS Edited by JC Caldwell et al. Canberra, Australian National University, Health Transition Center, 1999.

¹⁸S. Agha, "The Impact of a Mass Media Campaign on Personal Risk Perception, Perceived Self-Efficacy and on Other Behavioral Predictors." *AIDS Care* 15 (6), 2003, Pp. 749–62.

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

otherwise choose. Poverty may also be associated with migration, both within and outside a country. Studies have identified certain categories of migrants as high risked or vulnerable groups.¹⁹

Treatment and care for the HIV virus

With the development of anti-retroviral drugs such as AZT, which reduce viral load and delay the progression from HIV infection to AIDS, the disease need no longer be an automatic death sentence. However, because of the high cost of these drugs, few Africans living with HIV/AIDS can afford to buy them. In this regard, recent developments have opened a window of hope. Intensive negotiations and pressure from HIV/AIDS advocacy groups which have led pharmaceutical companies to reduce drastically the price of anti-retroviral drugs and to ease their opposition to the importation of cheaper generic versions of drugs they have patented. However, other obstacles to widespread distribution remain; weak health infrastructures and the shortage of skilled medical personnel to prescribe the drugs and monitor their impact are likely to minimize the impact of these promising developments. In the short term, therefore, treatment options in Africa are likely to be limited largely to palliative treatment and the treatment of opportunistic infections, such as tuberculosis. In the poorer countries and among poorer peoples, access to even these forms of treatment is limited.²⁰

As the HIV/AIDS epidemic grows and manifests itself in widespread morbidity and mortality, its impact is felt on individuals, households and communities. It imposes heavy burden of care and support on individuals and families. The burden on the larger society is no less

¹⁹T. Marcus, 'Crafting in the Context of AIDS and Rural Poverty: A Livelihood Strategy with Prospects', *Transformation*, (2000), P. 44.

²⁰Martha Ainsworth and Waranya Teokul, "Breaking the Silence: Setting Realistic Priorities for AIDS Control in Less-Developed Countries", *The Lancet*, 356, Issue, 1992.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

traumatic. An increasing number of orphans, single-parent or no-parent households and costly funerals strain community resources. In response, a broad range of innovative care and support mechanisms has been tried in many countries. Many approaches are community-based, calling upon traditional African social solidarity and mutual support systems. Home-based care for sick relatives is at the heart of these initiatives. Programmes to integrate AIDS orphans into extended families and other existing community solidarity networks (as opposed to creating orphanages) are proliferating. It has been observed that women and girls bear the brunt of care and support, as many cultures assign to them the role of caregiver and comforter.²¹

To make impact, there is the need to improve the capacity of society to halt and reduce further spread of the virus as well as to provide necessary support to surviving family members. The agenda for addressing impacts has several components. The first step is to estimate levels of human resource loss over time. Second, these estimates need to be equally incorporated into macroeconomic and into sector planning. A third step is to search for ways to reduce the impact, for instance, through substitution, reorganization of work or investment in time-saving devices. On the other hand, Traditional practices such as widow inheritance and the subordination of women's interests to those of men play a role in the further spread of the virus one of the most frustrating aspects of the fight against HIV/AIDS is the shortage of financial resources to carry out programmes and actions that are known to be beneficial. Due to inadequate funding, HIV/AIDS is becoming a disease of poor people, poor communities and poor countries.²²

²¹Robert Hecht (UNAIDS), "Poverty, Debt, and AIDS: Mainstreaming the Epidemic and Mobilizing Additional Resources to the Response", Meeting of Ministers of Health of the OAU on HIV/AIDS, Ouagadougou, 7-9 May 2000, pp.167-175.

²²Robert Hecht (UNAIDS), "Poverty, Debt, and AIDS: Mainstreaming..., 2000.

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

The Impact of NYSC on Sensitization and Campaign

Research has shown that Students exposed to training from Corps members are better informed than other students on ways of contracting HIV/AIDS, passing on the virus and reducing the risk of becoming infected with HIV/AIDS virus. Some students have never been tested for HIV or the AIDS virus, while others want to be tested but students exposed to the training of Corps members showed better attitudes towards people living with HIV/AIDS (PLWHA).²³

The National Youth Service Corps (NYSC), in collaboration with UNICEF in 2002 introduced a Peer Education Programme termed “Empowering Youth through Young People.” The objective was to reach new graduates of universities serving the one-year compulsory NYSC Programme with reproductive health and HIV/AIDS messages and also train some of them to be trainers of peer educators in and out of schools. Three groups of Corps members were deployed to the target communities and lived and worked in them for the planned periods.²⁴

Suggestions to curb the spread of HIV/AIDS

Adults are generally working during the day and the schools are poorly resourced, the Corps members quickly took up the role of leading peer education activities in schools. While the utilization of Corps members appears successful it should be noted that their effective involvement requires a significant amount of dedicated management time, in terms of providing technical support, group communication and, at times, providing pastoral care.²⁵

²³S.T. Abdulazeez, “Importance of National Youth Service”. *KwaraKopa Magazine*. Batch A. NYSC Kwara: Press and Public Relations Unit, 2015

²⁴A.A. Ladele, and O.A. Olaniyan. Perceived Effectiveness of the Community Development Service of the National Youths Service Corps Scheme in Host Communities in Osun State.CYIAP Network Conference FUTA, 2015.

²⁵USAIDS. *HIV in the Developing World: Maps*. USAID Washington DC, 2001.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

Sexuality education and AIDS counseling prevention and control programmes should be intensified for young people in Nigerian colleges and universities. Focus group discussions on dating, partner communication, sexual decision-making and STD/HIV were conducted with female students at the University of Ibadan. Current Statistics shows that the HIV/AIDS epidemic in Nigeria has assumed alarming proportions. Those worst hit are age 15-49 years and of whom about 2.6 million are already positive. In spite of the current efforts to reduce the rate of infection many Nigerians do not appear to consider the epidemic a serious problem and are therefore not taking enough precautionary measures to avoid infections.²⁶

The poor attitudes to precautionary measures portend a lot of dangers for the country's efforts toward reducing/eradicating the HIV/AIDS epidemic. Beyond lip service, concrete avenues should be provided within the churches and mosques to improve counselling services, and also provide adequate information on the causes and consequences of reproductive health issues.

The use of non-formal strategies (Peer Education, Anti-AIDS, Drama, Art, Youth Dialogues, Music, Comic Books) has helped in curbing the spread of the epidemic. The Education Sector lacks adequate information, data, impact studies, researches, and others to enable it intervene effectively.²⁷

Source of financing a CDS project is the most serious issue Corps members battle with whenever the issue of project comes in especially with the policy of NYSC that disagrees with any form of personal spending of Corps member's personal money to sponsor a CDS project.

²⁶ Agha S. "The Impact of a Mass Media Campaign on Personal Risk Perception, Perceived Self-Efficacy and on Other Behavioral Predictors." *AIDS Care* 15 (6), 2003, Pp. 749–62.

²⁷ NYSC. *A Compendium of the National Youth Service Corps Scheme Ten Years of Service to the Nation*. Lagos: NYSC Directorate Headquarters.

NYSC and HIV/Aids: An Assessment of NYSC Sensitisation Campaign...

Sponsorship is actually a critical issue as they have to go from organisation to organisation or from individual to individual after getting an approval from the management of NYSC. In commercial states like Lagos, Corps members may find sponsors easily compared to government dependent states like Yobe and Gombe states. Again, states where Non-Governmental Organisations are sound, Corps members whose CDS project is relevant to the activity of such NGO may find sponsorship easily as in the case of Oyediran Igbabosanmi Israel, a Corps member who distributed over 400 educational materials to children of Kings Technology Academy, Nongov community, Buruku LGA, Benue State on 28th May, 2012 which was sponsored by a United States' based NGO, Millions4One.²⁸

Conclusion

Health is an important determinant of a nation's progress and development. The contributions of Corps members to health awareness creation in modern times cannot be overemphasized. The role of NYSC in awareness creation and sensitization is worthy to become an academic topic. The HIV/AIDS and reproductive health community development service which is an integral part of the NYSC CDS has been instrumental in carrying out sensitization and campaigns, not only to the local communities but also to secondary schools and they serve as trainers of peer educators in and out of schools. This work found out that: due to the growing numbers of people contracting the virus, the essence of Corps members participation becomes paramount to the people especially on sensitization and campaigns. And this has also aided intercommunication between HIV/AIDS victims and the Corps members.

²⁸ D.O. Arubay, *Youth in Development: Understanding the Contributions of the National Youth Service Corps (NYSC) to National Development* (PhD Thesis. University of Manchester) 2015. P23

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

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Ayodele Christian

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NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

5

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

Orafa Stephen Tersoo

Introduction

Humanity has witnessed and grappled with several kinds of afflictions and disease epidemics in different parts of the world over time.¹ Some of the prominent disease epidemics in human history include Black Death, Influenza, Bubonic Plague, Ebola, Smallpox, Cholera, Malaria,

¹ G. J. Stine, *AIDS Update 2000: An Annual Overview of Acquired Immune Deficiency Syndrome*, New Jersey, Prentice Hall, 2000, pp. 2 – 3.

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

Measles, Polio, Typhus, Tuberculosis² and Corona-Virus (COVID-19) amongst many others. These disease epidemics have had seismic impact on the population, industries, socio-cultural, economic and political development of all human groups. The Acquired Immune Deficiency Syndrome (AIDS) which is the final stage of the Human Immunodeficiency Virus (HIV) entered the global stage since the turn of the 1980s and has defied effective cure up to date. The HIV/AIDS has killed more than 45 million people, orphaned about 3.8 million children worldwide and has been described as the king of all plagues in history.³ The deleterious impacts of HIV/AIDS on the human society have spurred different interventionist strategies from individuals, groups, Civil Society Organizations (CSOs) and government agencies such as the National Youth Service Corps (NYSC).

The purpose of this paper is to interrogate the National Youth Service Corps (NYSC)'s interventions to the HIV/AIDS epidemic against the backdrop of its intervention strategies, successes, challenges and prospects. The paper is organized in six interlocked segments. The first isolates and explain in synopsis the history of HIV/AIDS and its impact on Nigeria. Here, we would attempt to analyze the impulse that stimulated and energize the public concern. This is followed by NYSC's interventions to HIV/AIDS in Nigeria and some of the successes recorded by the scheme. The fourth segment examines the challenges that have hamstrung the effectiveness of the NYSC interventions to HIV/AIDS. This is followed by an analysis of what we consider would be

² A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" in O. Akinwumi, et al, eds, *Journal of the Historical Society of Nigeria*, Vol. 19, Makurdi, Aboki Publishers, 2010, p. 166.

³ For exquisite details on the number of people killed and children orphaned by HIV/AIDS the world over, read, D. W. Tukura, *HIV/AIDS and African Development: The Social and Economic Root of an Epidemic*, Lagos, Bolabay Publications, 2007, p.vii and *HIV/AIDS Policy for the Catholic Church in Nigeria with Strategic Implementation Framework*, Abuja, Catholic Secretariat of Nigeria(CSN), 2010, p.2.

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

the future dimension and the role this would play in the development process. The last segment contains our concluding thoughts.

HIV/AIDS in Nigeria: A Historical Overview of its Emergence and Impacts, 1986 – 2020

The first cases of AIDS the world over were first reported in May 1981 by Dr. Michael Gottlieb of the Medical school of the University of Los Angeles, United States.⁴ The first victims were five Homosexual men who were suffering from an unusual pneumonia called pneumocystis carinii pneumonia (PCP) and a rare type of cancer known as Kaposi's sarcoma (Ks). When Dr. Gottlieb reported these unusual pneumonia cases, the Centre for Disease control (CDC) in Atlanta, Georgia put together a small working group named Task Force on Kaposi's sarcoma and Opportunistic infections (KSOI) under the leadership of Dr. Harold Jaffe to find out more about this incident and after series of medical investigations, it was determined in the summer of 1981 that an epidemic was indeed around.⁵

The Human Immunodeficiency Virus (HIV) was first isolated in 1983 from patients with AIDS-related complex and was initially called Human T-lymphotropic Virus type III (HTL – III) in the US, and Lymphadenopathy Associated Virus (LAV) in France. The AIDS virus was renamed HIV in 1986 when the virus discovered by Robert Gallo in the U. S. (HTL – III) and Luc Montagnier in France (LAV) were found to be genetically indistinguishable. HIV/AIDS was known in its early years as the disease of the Four Hs – Homosexual, Heterosexual, Heroine

⁴ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p. 166

⁵ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p.167

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

pushers and Haitians (the Haitians were believed to have contacted the virus from the Central African region).⁶

On the African continent, the first case of HIV/AIDS according to Balogun was reported in Uganda, East Africa, in 1982 and before the end of the 1980s, it had been reported in most Sub-Saharan African countries.⁷ Today, Sub-Saharan Africa is central to the debates on the origin of HIV as many Eurocentric writers have retroactively traced its origin to Africa. Apart from this, sub-Saharan Africa is the region worst-hit by the scourge of HIV/AIDS having the highest number of people living with HIV/AIDS (PLWHA), AIDS deaths and AIDS orphans.⁸ In contemporary times, HIV/AIDS is a major health and development challenge for the continent of Africa and it no longer poses serious threat to the developed countries of the world where access to antiretroviral is guaranteed and rate of new infections minimized drastically.⁹

However, the first cases of HIV/AIDS phenomenon in Nigeria were identified in 1985 and reported at an international conference in 1986. Available evidence suggests that Lagos, the then capital of Nigeria, and Enugu, the then Capital City of Anambra recorded the first two cases of HIV/AIDS in Nigeria.¹⁰ According to the then minister of Health, the first two cases included a 13 year old sexually active girl and a female commercial sex worker from a neighbouring West African country. This shows that youth and women have been at the centre of the HIV/AIDS

⁶ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p.167

⁷ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p. 167

⁸ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p. 167

⁹ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p. 167

¹⁰ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p. 167

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

phenomenon in Nigeria since the earliest times. Since 1986, the disease continued to spread in Nigeria and by 2005, the HIV/AIDS situation in Nigeria ranked the country third globally among the countries with the highest number of people living with HIV/AIDS.¹¹

Three major phases are identified in the development of HIV/AIDS epidemic in Nigeria. First, there was the era of absolute official and personal denial of presence or possible discovery of HIV/AIDS in Nigeria (1981 – 1986). The second era is described as the era of AIDS skepticism, indifference and misconception (1986 -1997) when people were skeptical and indifferent to the presence of HIV/AIDS in Nigeria. The third era is the era of AIDS reality and awareness (1997 – date). The death of Fela Anikulapo Kuti, one of Nigeria's finest musicians from AIDS-related complications contributed to the acknowledgement by most Nigerians of the presence of HIV/AIDS in Nigeria.¹²

The HIV/AIDS prevalence by age group from 1986 – 2020 in Nigeria showed that HIV/AIDS was more prevalent in the 25 – 29 age groups. In terms of sexual distribution, the female had preponderance of HIV in Nigeria. Several factors accounted for the higher prevalence of women with HIV/AIDS than men. For instance, women were exposed to some procedures that can lead to break in skin or vaginal continuity while healthy or ill. Apart from these biological disadvantages, other factors that made women more vulnerable to HIV/AIDS included high level of poverty, lack of proper education, traditional beliefs and other activities that contributed to the chances of women contacting HIV

¹¹ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p.

168

¹² A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p.

168

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

through increase in sex trade, sex abuse, anogenital sex and intravenous drug addiction.¹³

There were several routes of HIV/AIDS transmission in Nigeria. These included sexual transmission (heterosexual, homosexual anal sex and oral sex), Mother-to-Child Transmission and blood transfusion/blood products and the use of contaminated sharp objects, medical procedures like injection, surgical operations, obstetric and dental procedures, circumcision, dressing of wounds, vaginal and rectal examinations and cultural practices like tattooing, tribal marking, body scarification, blood oathing, levirate practices, polygamy, partner exchange/share, female genital mutilation (FGM), blood rituals, circumcision, and incidental happenings like thorn prick, needle stick injury, blade cut, clipper cut and bite as well as disease like skin ulcers, genital ulcers, eczema, anal tear, peptic ulcers, bruises, cracked or sore nipple, mouth ulcers and a host of others. Intravenous Drug Use (IDU) was another mode through which HIV has been transmitted in Nigeria over the years.¹⁴

HIV/AIDS have had seismic impacts on the Nigerian society. These impacts have cut across the Political, Social, Economic, Cultural and Health spheres of life. We shall isolate and discuss them in brief details:

The Economic Impact

The HIV/AIDS epidemic accentuates the trend of increasing household poverty already witnessed since its discovery in Nigeria in 1986. At a macroeconomic level, the loss of production resulting from illness and death in the population of working age translated into a reduction of Gross Domestic Product (GDP) and thus the per capital income

¹³ A. S. Balogun, "HIV/AIDS Epidemic in the History of Nigeria, 1986 – 2007" ... p. 169

¹⁴ Federal Ministry of Health, *National Situation Analysis of the Health Sector Response to HIV and AIDS in Nigeria*, Abuja, Federal Ministry of Health, 2005, p. 24

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

compared to what would have been achieved without HIV/AIDS equally declines.

There are two issues of concern here. One of the issues is that of HIV/AIDS causing deepening poverty. The other is the combined effect of poverty and income inequalities on social transactions, including sex, patterns of vulnerability and patterns of risky behaviour in relation to HIV/AIDS infections.¹⁵ Early speculations projected that the AIDS epidemic would affect all levels of economic sectors from individual households to national economies. However, many argue that the impact of HIV/AIDS on developing countries like Nigeria would be more severe due to scarce government resources and the devastating effects of loss of human capital and what these would have on economic growth and development.¹⁶

The agricultural sector in Nigeria employs the majority of labour. On the micro level there will be a loss of household earnings, fewer cultivated areas, lower household production and a reduction in crop diversification. The macro impact of AIDS on agricultural sector could threaten food supplies.¹⁷ Costs for imports products rises, changes in composition of market goods resulting in a loss of diversity in products; reduced quality, and Gross Domestic Products (GDP) and exports gets adversely affected. Ultimately there could also be a loss of foreign exchange from reduced cash crop. The combination of low supply of labour due to illness with increasing demand for labour from employers to maintain production leads to higher wages in the short

¹⁵ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" in C. S. Orngu and T. Wuam, eds, *Tiv Politics and National Development: Issues and Perspectives*, Lapai, Department of History and International Studies, Ibrahim Badamasi Babangida University, Lapai, 2013, pp.164 – 165.

¹⁶ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... p. 165.

¹⁷ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ...p. 165.

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

run to accommodate for labour shortage.¹⁸ With increased wages, employers over time are notable to continue business because their high expenditure in wages and training outweighs their profit.

The Health System

Overstretching of health facilities due to increased bed occupancy and frequency of consultations at the clinics and the increase in the need of resources to control the effects of the epidemic in the health sector threatens to overwhelm the already weak health system in Nigeria. According to W.H.O, in many Nigerian hospitals 50% of all beds were occupied by HIV/AIDS infected persons, the majority of services were allocated to HIV/AIDS patients and that between 1990 and 1996, estimated total health expenditure averaged 1% of the Gross Domestic Product (GDP).¹⁹ The epidemic is further complicated by the resurgence of other epidemics like tuberculosis.

AIDS related illness and death among health workers have a high cost in terms of absenteeism, reduced productivity, treatment of illness, death benefits and the retaining of new staff despite the absence of data on such costs, there is ample anecdotal evidence of an increasing death toll among highly skilled man power, including health workers.²⁰

Political Impact

This can be gleaned from the area of government policies; the formation of Non-governmental Organizations and the diversion of funds meant for the development of other sectors for the intervention of HIV/AIDS. The 2000s witnessed increased government plans to fight

¹⁸ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... p. 165.

¹⁹ WHO, Programming for Adolescent Health and Development, Report of the WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health, Geneva, WHO Press, 2000.

²⁰ N. Utulu, *The Epidemiology of HIV and AIDS in Africa*, Ibadan, University printer, 2006, p. 206.

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

HIV/AIDS. The Federal Ministry of Health in Nigeria launched a US \$240 million HIV/AIDS Emergency Action Plan (HEAP) to fight the disease.²¹ Again, in the year 2000, the Federal government approved a new institutional framework to co-ordinate the national response to HIV and AIDS. The framework highlighted the multi-sectoral approach and emphasized the decentralized nature of the Nigerian response. The National Action Committee on AIDS (NACA) was responsible for coordinating the response at the national level while the State Action Committee on AIDS (SACA) and Local Government Action Committee on AIDS (LACA) had similar responsibilities at the state and local government levels respectively. Community Action Committees on AIDS (CACAs) and Ward Action Committee on AIDS (WACA) were expected to function at the grassroots.²²

In addition, as government policies were favourable in respect to fighting HIV/AIDS in Nigeria, there was also an unprecedented involvement of the Civil Society in national response efforts. A large number of Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), Community Based Organizations (CBOs) and health professional groups were implementing HIV/AIDS control programmes. Networks and coalitions had also emerged in large numbers to improve coordinated response among various Civil Society groups. These included the Civil Society Network on HIV/AIDS in Nigeria (CiSNHAN), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Interfaith Council, and the Nigerian Business Coalition Against HIV/AIDS (NIBUCAA). The emergence of these groups and their activities were not just aimed at fighting the disease but they were

²¹ S. I. Ugbegili, “Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria” ... p. 166.

²² C. Jean Garland, *AIDS is Real and it's in Our Church*, Jos, African Textbooks and Honey Press, Bukuru, 2003, p. 101.

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

equally aimed at procuring funds from government for the welfare of their members.²³

Cultural Impact

This could be gleaned from the breakdown of extended family system due to HIV/AIDS burden. Once a household member develops AIDS, increased medical and other costs, such as transport to and from health centres occur simultaneously with reduced capacity to work, creating a double economic burden.²⁴ Thus, extended family is broken-down in order to limit the burden and cater more for the person that has developed AIDS.

Social Impact

The social impact of HIV/AIDS is primarily measured in the following areas: Reduction in population, falling life expectancy, stigmatization, diversion of resources from savings and investments, low productivity and increased in the number of orphan and vulnerable children (OVC) amongst many others. HIV/AIDS has claimed so many lives in Nigeria. Apart from that, most at risk of HIV infection in Nigeria are women of child bearing age. As a result of the infection, most of these women are never able to produce the number of children they would have had without HIV/AIDS.²⁵ Reduced fertility is increased by the reality that 20% to 39% of babies born to HIV mothers were infected through vertical transmission. The demographic impact of HIV/AIDS pandemic is falling life expectancy for adults and children, increased infant

²³ S. I. Ugbejili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... pp. 166 – 167.

²⁴ S. I. Ugbejili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... p.161.

²⁵ S.N. Utulu, *The Epidemiology of HIV and AIDS in Africa* ... p. 201.

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

mortality and child morbidity, mortality, malnutrition, disability and emotional trauma and others.²⁶

People living with HIV/AIDS are often stigmatized and discriminated against. They may be denied the right to work, education, housing or health services. People who are associated with HIV positive people, such as carrier's family or friends may also be stigmatized. People who belong to groups that are associated with HIV, such as resource poor migrants, sex workers, and men who have sex with men, may face stigma and discrimination because they belong to these groups. HIV/AIDS is associated therefore with stigma, repression and discrimination as individuals affected (or believed to be affected) by HIV/AIDS have been rejected by their families, their loved ones and their communities. In most cases, HIV/AIDS may be linked to perversion and those infected will be punished. Also, in some societies HIV/AIDS is seen as the result of personal irresponsibility. Sometimes it is believed to bring shame upon the family or community.²⁷

HIV/AIDS first affects the welfare of household through illness and care of family members, which in turn leads to the diversion of resources from savings and investment. It has been argued that the premature death of large numbers of the adult population, typically at ages when they have already started families and become economically productive, can have a radical effect on virtually every aspect of social and economic life. This is clearly indicated or shown by an increase in the number of dependents relying on smaller numbers of productive household member and increasing numbers of children left behind to be raised by grandparents or as child-headed household.²⁸ Members

²⁶ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... p. 160.

²⁷ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... p. 161.

²⁸ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... p. 161.

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

who would otherwise be able to earn or perform households and family maintenance may then be spending their time caring for the persons with AIDS.

In addition, large numbers of orphans have been left with their grandparents. The elderly are left therefore to ensure that there is food in their households. The young people ordinarily should be the ones to function in the area of food production in societies but because they were in large numbers killed by the HIV/AIDS pandemic, the elderly are left to carry out food production activities. According to Du Guerney, "the elderly as a result of HIV/AIDS were largely invisible resources in the context of HIV/AIDS. They need or required assistance and empowerment in order to fulfill its indispensable potential in areas of Crisis".²⁹ The elderly are faced with the challenge of ensuring food security and survival of Orphans etc.

The above mentioned impacts posed a nightmare to the economy of existence of Nigerians and have spurred different interventionist strategies from individuals, groups, Civil Society Organizations (CSOs) and government agencies, including the National Youth Service Corps (NYSC). It is understanding that informs our examination of the Strategies the NYSC has put in place to eliminating the HIV/AIDS pandemic.

National Youth Service Corps (NYSC)'s Interventions to HIV/AIDS in Nigeria up to 2020

The NYSC approaches to HIV/AIDS intervention could be categorized into three, namely: Sensitization or awareness creation/public enlightenment, HIV Counselling/Testing and ART Initiation and or referral linkages and Sharing of contraceptives.

²⁹ N. Utulu, *The Epidemiology of HIV and AIDS in Africa* ... p. 205.

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

Sensitization or Awareness Creation/Public Enlightenment

The National Youth Service Corps is in collaboration with some international, national, regional and local agencies in meeting the HIV/AIDS challenge. Some of these organizations include: United Nations International Children Education Fund (UNICEF), USAID, World Health Organization (WHO), Women Trafficking and Child Labour Eradication Foundation (WOTCLEF) among others. NYSC members who volunteer for the programme undergo six days of intensive training in HIV/AIDS prevention, care and support. They form Community Development Service (CDS) groups in their places of primary assignment to carry out HIV/AIDS sensitization in both the public and private sectors of the Nigerian society.

The volunteers in their out-reach enlighten members of the public on the modes of transmission of the virus, the need for routine HIV test, the possible ways to avert contraction of the virus, the effects of stigma, the need not to discriminate against people living with HIV/AIDS, Behaviour Change Communication (BCC), Home Based Care (HBC) and the possible ways of preventing Mother-to-Child-transmission. Again, Corp members work as peer educators. NYSC volunteers train students to work as peer educators, encouraging them to teach their friends and families about the disease. This educational 'domino effect' is helping to reach approximately 160,000 young people each year.³⁰ It is on record that some students like Felicity Okeke hold meetings in the street outside their house where they teach young people about the life-skills they have learned from the NYSC members.³¹ In addition, as part of the sensitization or public enlightenment about HIV/AIDS, the volunteers mount Signposts and Billboards and issue out fliers with pictures depicting what is to be done to avoid contracting HIV/AIDS. Youssef Bomoi captures this quite poignantly when he maintained that:

³⁰https://www.unicef.org/aids/nigeria_44985.html. Accessed, 06:03:2021

³¹https://www.unicef.org/aids/nigeria_44985.html. Accessed, 06:03:2021

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

... So far, the Corps members we have trained have reached out to over six million people in the villages, schools and, of course, the major cities of this great country ...That means we have everything we need to make this campaign succeed. The NYSC is more active throughout urban areas of the country, such as the capital city of Abuja and Gombe State in North Eastern Nigeria. However, NYSC members also routinely travel to rural areas. Volunteers first ask for the support of local leaders and then work to end stigma, raise awareness and encourage HIV-testing among the communities. In some rural villages, residents have even organized festival activities around the visit. When the queues are long, people can be entertained by music or dance performances while they wait.³²

It is worth of mention that the NYSC sensitization and awareness creation has had tremendous impacts on the reduction of HIV/AIDS and its attendant consequences. This is because through sensitization, people become increasingly aware of the modes of pestilence of the virus and the possible ways to staying free from it.

HIV Counselling/Testing (HCT) and ART Initiation and/or Referral
HIV Counselling and Testing is the service rendered to an individual in order for him/her to know his HIV status, which could be either positive or negative and is usually confidential. HCT is done in three distinct components, pre- test counselling before the blood is taken and this is meant to prepare the individual for the test and assess the risk level to HIV virus the person possessed.³³ Also, it helps one to anticipate the result, whether it turns out HIV positive or negative. The

³²https://www.unicef.org/aids/nigeria_44985.html. Accessed, 06:03:2021

³³<http://www.naca.gov.ng>hct-hiv-counseling-and-testing>. Accessed, 06:03:2021.

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

second component is the taking of blood sample and test by using rapid test kits and lastly is disclosure of result, counselling and referrals, depending on the outcome of the result.

The NYSC volunteers are given the necessary materials such as Determine, Uni-Gold, Stat-pack, buffer, needle, hand gloves, Methylated spirit, cotton, disposable lab coat and safety box etc. They are also given the necessary training by some of the donor organization. Once someone tests positive or is HIV Reactive, he or she is linked to care and Antiretroviral Therapy (ART). In some cases, the HIV reactive person is referred for onward enrolment into care. It is pertinent to quickly mention at this juncture that post exposure prophylaxis is made available to the volunteers to ensure their safety. Post exposure prophylaxis are the pills taken when a health care worker, the NYSC volunteer in this case, had a needle prick or a cut of any kind while trying to inject or collect blood samples from HIV infected persons.

The importance Of HIV Counselling and Testing: HCT has helped millions of people to know their status either they are positive or negative, HCT helps in preventing the spread of HIV, it allows the public to have access to medical care when tested positive, educates people who tested negative on the ways to stay negative and for a positive test result, how to live positively without infecting others. HCT provides critical information about HIV and the testing process; it gives information about how HIV is transmitted and how the public can protect themselves from infection. It also educates the public to know that HIV testing should be done regularly. In addition, testing for HIV is the gateway to prevention, care and treatment. HIV testing and counselling should be routine test for every Nigerians, as this is the surest way to guarantee an HIV free generation.³⁴

³⁴<http://www.naca.gov.ng>hct-hiv-counseling-and-testing>. Accessed, 06:03:2021.

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

Sharing of Contraceptives

NYSC volunteers preach abstinence and chastity before and in marriage with a view to promoting marital fidelity, encouraging the expression of love between HIV discordant couples through known genital means, they share contraceptives like condoms and provide accurate and factual information on its effectiveness, including the limitations. This is to reduce the spate of pestilence of the HIV pandemic for people who cannot abstain totally from sex. It is on record that this has reduced the rate of HIV transmission in the Nigerian society.

NYSC's Challenges to HIV/AIDS Intervention in Nigeria

Low technical capacity to design, implement, monitor and evaluate the programme is one of the major challenges facing the NYSC response to HIV/AIDS in Nigeria. Owing to this, there is loss to follow-up and lack of adherence to national guidelines for treatment and patients' adherence to treatment regimen. There is no body in place to implement, monitor and evaluate the policies of the national agency for the control of aids. The implementation, monitoring and evaluation of the policies and guidelines of the national agency for the control of aids is at the mercy of the tidal currents.

Again, there is limited capacity to provide appropriate and effective medical, psychosocial care and support services. Because of the insufficient manpower, graduates from other disciplines are lumped together in the NYSC HIV Community Development Service (CDS) Group or enlisted volunteers to help in the fight against HIV/AIDS. It should be noted that most of the people from the other discipline lack the capacity to provide appropriate and effective medical, psychosocial care and support services. However, despite these challenge, some of the corps members were trained before going out for sensitization.

Moreover, inadequate funding, resources and misguided public policies have continued to jeopardize the efforts of NYSC in particular and Nigeria in general to slow the spread of HIV/AIDS. According to Dr.

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

Peter Lamptey, "Throughout the world, millions of people are dying of a preventable disease because of apathy, denial and misguided public policy".³⁵ He further argued that "funding for prevention and care has not kept pace with the epidemic and in some cases it has actually declined as the number of people affected by HIV/AIDS has increased".³⁶ Sometimes Corp members contribute from their meagre allowance to live up to their challenges. Paucity of funds affects optimal functioning of logistics management. In addition to the problem of inadequate funding, transparency and accountability in government is poor as procurement processes are sometimes not followed. Corruption has seeped into the system. Funds budgeted by government are sometimes not released at all and when released are either not timely or not in full or both. S. I. Ugbegili captured this quite succinctly when he noted that:

The Federal Ministry of Health in Nigeria launched a US \$240 million HIV/AIDS Emergency Action Plan (HEAP) to fight the disease. However, it was not clear if this money reached the grassroots of Nigeria. Money on HIV/AIDS were not always channelled to the people that needed attention.³⁷

The challenge of funding is further compounded by the poor economic situation of Nigeria. There is evidence to show that funding for certain activities is being withdrawn. To reduction the spate of pestilence of HIV/AIDS and its attendant negative consequences, political and business leaders must have the courage and the foresight to provide

³⁵<https://www.fhi360.org/politics-lack-funding-are-main-barrier-global-hivaids-prevention-june-27-1998>. Accessed: 06:03:2021.

³⁶<https://www.fhi360.org/politics-lack-funding-are-main-barrier-global-hivaids-prevention-june-27-1998>. Accessed: 06:03:2021.

³⁷ S. I. Ugbegili, "Dimensions and Consequences of HIV/AIDS on Nation Building in Post-Independence Nigeria" ... p. 160.

THE NYSC AND NIGERIA'S HEALTH SECTOR

O. S. Tersoo

adequate funding for HIV/AIDS prevention and support enlightened policies.

Similarly, lack of a standardized management Information System for HIV/AIDS has also militated against the effectiveness of the organization. This has made it difficult for the sharing of HIV/AIDS-related information across the 36 states of the federation. Again, this has accentuated the problem of poor record keeping and documentation in Nigeria. Perhaps, there is no standardized reporting format that all the HIV Community Development Service (CDS) groups across the states can adhere to.

In addition, there is weak coordination mechanism and poor referral linkages between community-based HIV/AIDS Programmes and hospital services. Proper coordination creates opportunities to multi-sectoral participation, greater political commitment and increased transparency among most partners. However, the quality of participation of NYSC in particular and Nigeria in general, as records have shown was limited. Oftentimes, the scheme bypassed Global Health Initiatives (GHIs) thereby weakening their effectiveness.³⁸

Conclusion

This research is study in contemporary Nigerian social history. It has shown that the HIV/AIDS in Nigeria grew from a mere insignificant health challenge in Nigeria in 1986 and became an epidemic in the 1990s due to lack of proactive responses to it. The impact of HIV/AIDS epidemic on Nigeria included deaths due to AIDS infection, increasing number of people living with HIV/AIDS (PLWHA) and people affected by AIDS (PABA) as well as drastic increase in life expectancy in Nigeria. These deleterious impacts of HIV/AIDS on the human society have spurred different interventionist strategies from individuals, groups,

³⁸<https://globalizationand-health.biomedcentral.com/articles/10/1186/1744-8603-6-3>. Accessed 06:03:2021.

NYSC and the HIV/AIDS Advocacy Programme, 1986 – 2020

Civil Society Organizations (CSOs) and government agencies such as the National Youth Service Corps (NYSC).

The NYSC employed different interventionist approaches such as Sensitization or awareness creation/public enlightenment, HIV Counselling/Testing and ART Initiation and or referral linkages and Sharing of contraceptives. However, inadequate funding, resources and misguided policies, low technical capacity to design, implement, monitor and evaluate the programme, limited capacity to provide appropriate and effective medical, psychosocial care and support services, lack of a standardized management Information System for HIV/AIDS and lack of a standardized management Information System for HIV/AIDS have continued to jeopardize the efforts of NYSC in particular and Nigeria in general to slow the spread of HIV/AIDS. It is concluded that government should maximize the presence of donors to strengthen other aspects of the healthcare system, demonstrate willingness to be accountable in order to encourage private sector funding, prioritize prevention activities to reduce new infections and electronic data capture system will help data quality and enhance proper planning.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

6

NYSC, National Primary Health Care Development Agency and the Combat of the Ebola Virus Disease in Nigeria

Amos Amehlchaba

Introduction

The human body is, to a large extent, naturally vulnerable to diseases especially when exposed to conditions sufficient for transmission of such disease. Such is also the case in viral diseases. "Viruses are macromolecules capable of spreading from cell to cell and host to host, but are probably distinctive insofar as they lose their infectious identity on entering a cell and are completely dependent upon the biochemical

NYSC, National Primary Health Care Development Agency...

metabolic processes of that cell for their multiplication.”¹ In humans, smallpox, the common cold, chicken pox, influenza, shingles, herpes, polio, rabies, hanta fever, AIDS, the novel Covid-19 and Ebola, which is the focus of this paper, are examples of viral diseases.

Nigeria experienced an outbreak of the deadly Ebola Virus Disease (EVD) with the index case confirmed in Lagos on 23 July 2014 and a further spread involving nineteen (19) laboratory – confirmed cases. The West African region was ravaged by the outbreak of the Ebola Virus Disease (EVD) with over 20,000 recorded cases and 6,800 fatalities between March 2014 and January 2015. Despite assurances that the Nigerian government was prepared to respond to an outbreak of the disease, the country was caught unaware and was forced into an emergency response. For obvious reasons, there was massive anxiety that the virus would rapidly spread to other parts of the country but despite these fears, the spread of Ebola was successfully controlled in Nigeria with the country’s cases being among the least recorded in an Ebola outbreak.²

Notwithstanding the success recorded between 2014 and 2015 by Nigeria in containing the spread of Ebola, viral diseases require adequate level of preparedness and pro-activeness in view of possible outbreaks. All indications point to the fact that Nigeria recorded the extent of success achieved in the containment of the spread of the 2014 Ebola outbreak partly because of the pragmatic nature of government’s strategy and the *luck* that the cases were still within control as at the time of discovery. Supposing up to five infected persons entered the country through different routes days before manifesting symptoms? In such a scenario, the possibility of spreading the virus in their various

¹Karl Habel, “The Nature of Viruses and Viral Diseases” *Medical Clinics of North America* 43, no. 5 (1959): 1281

²Faisal Shuaib, et al, “Ebola Virus Disease Outbreak – Nigeria, July – September 2014” *Morbidity and Mortality Weekly Report* 63, no. 39 (October, 2014).

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

destinations when symptoms begin to manifest, is high and the country's personnel and facilities would have been overwhelmed. Under such circumstances, the country would need to think outside the box to take contact tracing and mass social mobilization to the ends of the country. It is in view of this that this paper sets out to examine the roles of the National Youth Service Corps (NYSC) and National Health Care Development Agency (NHCDA) in combating the Ebola Virus Disease in Nigeria with reference to social mobilization and advocacy across the country, especially with the resurgence of the virus and its possible spread in the Democratic Republic of Congo and other parts of Africa.

Ebola Virus Disease: Highlights of its Nature and History

Ebola virus disease (EVD), deadly viral disease, was discovered in 1976 when two successive outbreaks of fatal haemorrhagic fever occurred in different parts of Central Africa. The Democratic Republic of Congo (formerly Zaire) experienced the first outbreak in a village near the Ebola River, which gave the virus its name. The second outbreak occurred in what is now South Sudan, approximately 500 miles (850 km) away. Originally, public health officials assumed these outbreaks were a single event linked with an infected person who travelled between the two locations. However, scientists later discovered that the two outbreaks were caused by two genetically distinct viruses: *Zaire ebola virus* and *Sudan ebola virus*. After this discovery, scientists concluded that the virus came from two different sources and spread independently to people in each of the affected areas.³

Ebola Virus Disease (EVD) is a perilous and contagious disease with a high fatality rate among infected humans.⁴ EVD can be transmitted

³Center for Disease Control and Prevention, "History of Ebola in Humans"
Accessed February 25, 2021,

<https://www.cdc.gov/vhf/ebola/history/summaries.htm>

⁴Shuaib, et al, "Ebola Virus Disease Outbreak – Nigeria, July – September 2014"

NYSC, National Primary Health Care Development Agency...

from both infected animal and humans through direct contact with body fluids including bloody secretions and even the carcass of infected animals such as bush meat, chimpanzees, gorillas, and fruit bats (most of which are delicacies in most affected regions), as well as from humans via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding and clothing) contaminated with these fluids.⁵

Currently, there are five identified species of the Ebola virus, with four being identified to cause disease in humans. They include; the Zaire Ebola virus, the Sudan Ebola virus, the Taï Forest Ebola virus, formerly referred to as the Côte d'Ivoire Ebola virus, and the Bundibugyo Ebola virus.⁶ The Reston Ebola virus which is the fifth known specie, has been seen to have caused disease in nonhuman primates only.⁷

Following infection with the Ebola virus, symptoms begin to manifest after a gestation period of 2 to 21 days, which is the time interval between initial infection with the virus and when signs and symptoms begin to manifest. First symptoms to be expected include the abrupt commencement of fever, fatigue, muscle pain, headache and sore throat. This is swiftly followed by vomiting, diarrhoea, rash, and more severe symptoms such as impaired kidney and liver malfunction, internal and external bleeding (e.g. oozing from the gums, blood in the stools) occur in complicated cases.⁸ Possible laboratory findings include low white blood cell and platelet counts and elevated liver

⁵Ibid

⁶Dorothy Crawford, *Ebola: Profile of a Killer Virus* (Oxford: Oxford University Press, 2016), 34 - 37

⁷ World Health Organization, "Ebola Virus Disease" Accessed February 26, 2021, <https://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease>

⁸ Juliet Egbule, "The Emergence of Ebola Virus Disease in Nigeria, 2014" Public Health Protection, Accessed February 26, 2021, DOI: [10.13140/RG.2.1.3706.3206](https://doi.org/10.13140/RG.2.1.3706.3206)

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

enzymes. It is significant to note that humans are not infectious and cannot transmit the virus until they develop symptoms.

Since the first outbreak in Nzara Sudan and Yambuku Congo both in 1976, several outbreaks have appeared intermittently in Gabon, Sudan, Congo and Guinea.⁹ However, the 2014 outbreak in West Africa is the largest and most complex Ebola outbreak since the virus was first discovered in 1976. The 2014 outbreak recorded more cases and mortality compared to previous outbreaks combined.¹⁰ It also spread between countries starting in Guinea then spreading across land borders to Sierra Leone, Liberia, Senegal and Nigeria. As at 2014, the Ebola virus disease was responsible for over 1800 deaths.¹¹

Ebola Virus Disease: The Nigerian Experience

Following months of extended outbreak in neighbouring countries like Guinea, Liberia, and Sierra Leone, the Ebola Virus Disease (EVD) finally made its way to the shores of Nigeria, with Lagos as the first city to play host to the dreaded virus. The status of Lagos as the regional hub for economic, industrial, and travel activities, and home to over 21 million people from all works of life, ethnicity, race and religion made a rapid spread of the virus a massive possibility there. Another huge epidemiological concern posed by the possibility of an Ebola outbreak in Lagos is its densely populated slums and unsanitary surroundings, thus making it a potentially favourable environment for communicable diseases such as Ebola to thrive easily.¹²

Lagos played host to the Ebola virus on July 20, 2014, when a severely ill traveller from Liberia arrived at the international airport in Lagos. He was said to be under observation in a facility in Monrovia, Liberia

⁹ WHO, "Ebola Virus Disease"

¹⁰ Center for Disease Control and Prevention, "History of Ebola in Humans"

¹¹ Ibid

¹² Egbule, "The Emergence of Ebola Virus Disease in Nigeria, 2014"

NYSC, National Primary Health Care Development Agency...

for possible Ebola infection following previous exposure to the virus from his sister who was a confirmed case and subsequently died from the disease in Liberia.¹³ The patient developed a fever and while symptomatic, left the health facility against contrary medical advice. He also defied surveillance rules against travelling and boarded a commercial airline from Monrovia to Lagos. On arrival at the Lagos international airport the afternoon of July 20, he became severely ill having vomited during the flight and on arrival. He was instantly moved by airport officials to a private hospital where he was assessed and observed to have fever, vomiting, and diarrhoea and was immediately admitted. At the hospital during routine examination, the patient was questioned and denied any recent contact with an Ebola patient, but suggested he was suffering from an attack of malaria. However, after several days of non-response to the administered malaria treatment, and the onset of some unusual symptoms, including several suspicious attempts by the patient to leave the hospital, the physicians began to suspect a case of Ebola. At this point, the Lagos State Ministry of health was notified, the patient was isolated and tested for the Ebola virus and the first case of Ebola Virus Disease in Nigeria was officially confirmed.¹⁴

On July 25, the patient died and since prior information about his correct medical state was concealed, no appropriate precaution or protective measure was taken while handling him and this had potentially made 72 persons at the airport and the hospital vulnerable to the Ebola virus. This marked the beginning of panic and pandemonium as public health organisations and officials all around the world dreaded a potentially incredible and catastrophic outbreak should the disease spiral out of control in a city such as Lagos. Several strategies were quickly deployed to tackle the outbreak and just as the

¹³Center for Disease Control and Prevention, "History of Ebola in Humans"

¹⁴Ibid

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

victory against the outbreak in Lagos was in sight, the virus made its way into the country's oil hub, Port Harcourt on 1 August due to a breach in surveillance, when a direct contact of the index case discretely sought medical care from a private physician resident there. The doctor contacted the disease and developed symptoms on 10 August and died of Ebola on 23 August. Laboratory tests confirmed the city's first case on 27 August. This gave rise to a new chase for surveillance and contact tracing in the oil city in subsequent days.¹⁵

The EVD outbreak came to an end after 3 months, with a total of 898 contacts who were linked to the index case, including 351 primary and secondary contacts and 547 tertiary and higher order contacts. Nigeria confirmed a total of 19 cases, with an average case fatality rate of 40% constituting 7 deaths and 12 survivors.¹⁶

Nigeria's Response Strategy to the 2014 Ebola Virus Disease Outbreak

Following the official confirmation of the index case of the Ebola Virus Disease in Lagos State, the Federal Ministry of Health in collaboration with relevant external organizations on the 23rd of July, declared the Ebola virus disease an emergency and consequently commissioned the Ebola Incident Management Centre (IMC).¹⁷ The principal aim of the IMC was to promptly respond to the emerging outbreak by serving as the general implementing arm of the national response team. The IMC was however later recast as the national Emergency Operations Centre (EOC).¹⁸ The EOC established a template within which all partner organisations, volunteers, and response teams functioned. An Incident manager was appointed, and was charged with the responsibility of supervising the response team, as well as delivering liable and honest

¹⁵ Ibid

¹⁶ Shuaib et al, "Ebola Virus Disease Outbreak – Nigeria, July – September 2014"

¹⁷ Center for Disease Control and Prevention, History of Ebola in Humans

¹⁸ Shuaib et al "Ebola Virus Disease Outbreak – Nigeria, July – September 2014".

NYSC, National Primary Health Care Development Agency...

feedback to the Federal ministry of Health and the Nigerian centre for Disease Control (NCDC).¹⁹

A high ranking strategy team was responsible for the comprehensive design of the response. It composed of principal agencies including the World Health Organisation, Centre for Disease Control, doctors without borders, and the United Nations Children's Fund, coordinated by the Incident manager and assisted by the deputy incident manager. The EOC came up with six key areas which needed rapid response and therefore created response teams which were designed to effectively manage the outbreak, they included the Epidemiology/Surveillance team; Case Management/Infection Control; Social Mobilisation; Laboratory Service; Point of Entry and Management/Coordination.

The strategy team further developed guidelines and prioritized various activities for each of the operational teams. However issues bothering on staffing, financial and material requirements, and targets were set and handled by the respective teams, and approved by the strategy team. Each operation team had representatives from technical partner agencies, for the purpose of improving the local team's capacity.

Epidemiology and surveillance: The epidemiology and surveillance team comprised of highly trained and dedicated epidemiologists from the CDC and WHO, who supervised a contact tracing crew. An extensive staffing plan was designed to efficiently cover Lagos State; this included about 150 contact tracers, and the deployment of existing assets such as vehicles, mobile phones, and data platforms to effectively record contact responses and feedbacks. They gathered succinct information on individuals who had a history of being exposed to a suspected case following onset of symptoms. They also carried out operational research, which aided in streamlining training

¹⁹Center for Disease Control and Prevention, History of Ebola in Humans

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

and community efforts, as well as numerous surveillance activities in the communities. During the first few days following the confirmation of the index case of the EVD, all primary contacts of the case were monitored daily by the contact tracing team to check for changes in body temperature, and the appearance of other related symptoms such as, vomiting, excessive diarrhoea, and haemorrhage.²⁰ Primary contacts of the index case were also given portable thermometers to personally monitor their body temperature for signs of fever onset.²¹

Case management/Infection control: The case management team was alerted in cases of onset of related EVD symptoms for assessments and reclassification.²² After a suspected or confirmed case of EVD had been reported by the surveillance and laboratory team, the case management team was responsible for determining prospective patients, and decontaminating their immediate surroundings. Persons suspected to have been infected were kept in isolation at the specialised treatment facilities in Lagos, and subsequently Port Harcourt. Due to the absence of a cure for the Ebola virus disease, the infected patients were administered oral rehydration therapy to replace lost electrolytes and fluids from the persistent vomiting and diarrhoea.²³

Social Mobilization: This was a key Strategy which was deployed to accommodate the dense population in Lagos state. It was directly associated with the contact tracing strategy as it involved house to house drop in visitations, around locations close to the houses of Ebola contacts depending on the population density. Over 26000 houses had been visited as at September 24, this accounted for the homes of all of

²⁰Center for Disease Control and Prevention, "History of Ebola in Humans"

²¹Adaoralgonoh, "My Experience as an Ebola Patient" *The American Journal of Tropical Medicine and Hygiene* 92 no. 2 (Dec. 2014): 221 - 222.

²²Shuaib et al, "Ebola Virus Disease Outbreak – Nigeria, July – September 2014"

²³Igonoh, "My Experience and an Ebola Patient"

NYSC, National Primary Health Care Development Agency...

the contacts and their immediate environment both in Lagos and Port Harcourt. The social mobilization team was also actively involved in Communication which was highly imperative in the management of the outbreak, as the response team worked to sensitize the public via engaging with community leaders such as traditional rulers and religious heads. These were strategies which were adopted from a previously successful campaign against polio in Nigeria. It effectively created widespread public knowledge and acceptance of immunization against polio.²⁴

Port of Entry: One of the key areas of concern during the outbreak was the channel through which the disease found its way into Nigeria in the first instance. This occasioned the need to set up the point of entry team which concentrated on identifying the primary contacts of the index case, ranging from those who came in contact with him outside Nigeria to those who assisted him from the airport to the hospital. They worked alongside other airport and airline officials to effectively carryout screening points for passenger entering and exiting the country. This was to ensure compliance with international safety regulations as well as prevent the further spread of the disease to and from the country.

Laboratory service: Due to the unique and rare nature of the Ebola virus, as well the complexity in its diagnosis, the presence of a laboratory capable of diagnosing the disease situated right in Lagos University teaching Hospital was hugely beneficial during the initial period of the outbreak. This aided prompt identification of cases, and retesting for treated patients. Shortly after the confirmation of the first EVD case in Nigeria, steps were taken to construct Ebola treatment facilities.

²⁴Egbule, "The Emergence of Ebola Virus Disease in Nigeria, 2014"

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

Nigeria was certified Ebola free in October 2014, with a total of 894 identified contacts, and about 18,500 persons who were followed up on a day to day basis for a duration of 21 days. As at the time of certification, Nigeria had undergone 42 days without any suspected or confirmed case of EVD.²⁵

The Roles of the National Youth Service Corps (NYSC) and the National Health Care Development Agency (NHCDA) in Combating the Ebola Virus Disease

Each of the five operational groups highlighted above was crucial to the combat against the 2014 outbreak of Ebola in Nigeria but the social mobilization group appears to be the most critical of all in terms of *curtailing the spread* of the virus back in 2014 and even in a possible repeat of an outbreak. This is because adequate preventive advocacy and sensitization, especially at the grassroots, is crucial to the prevention of the virus from spreading beyond proportion. People (especially in the rural areas) need adequate conviction on the reality of the virus in the first place before getting them to observe preventive measures against it and this cannot be achieved just through the media from a distance. Consequently, the social mobilization group requires a category of personnel who by virtue of their assignments, are primarily and constantly in touch with their communities of assignment, which guarantees effective, efficient and faster coverage of the entire country. This is also the case with contact tracing, especially when the virus has spread to diverse locations before detecting it. This is where the roles of the National Youth Service Corps (NYSC) and National Health Care Development Agency (NHCDA) become critical.

²⁵ WHO, "Ebola Virus Disease".

NYSC, National Primary Health Care Development Agency...

NYSC and the Combat of Ebola in Nigeria

The National Youth Service Corps was established in 1973 as a post-civil-war strategy in Nigeria with the mandate to raise a class of patriotic, morally and physically disciplined Nigerian Youths who graduate from Universities and Polytechnics to undertake the national service. The aim of this programme is to stimulate the development of common ties among the youths of Nigeria as well as the advancement of national unity. During the obligatory one year service, Corps members live among and within the host communities facilitating unity and integration as well as championing community development by executing projects jointly with the people of their host communities.²⁶

One of the initiatives of NYSC that highlights the vitality of their role in combating the Ebola Virus Disease (EVD) is the Health Initiative for Rural Dwellers (HIRD). This initiative is targeted at reaching out to core rural areas to enhance the accessibility of health care services by rural dwellers.²⁷ The programme engages Corps medical personnel in the sensitization of the core rural dwellers (who ordinarily will not be able to access medical attention due to neglect and remoteness of their location) on disease prevention, provision of first aid services, monitoring of cases and provision of appropriate referral when necessary. This scheme comprises of skilled volunteer Corps medical personnel (medical doctors, pharmacists, nurses, laboratory scientists, physiotherapists, dentists, ophthalmologists, medical lab scientists, biologists etc) who serve as intervention agents in all the 774 Local Government areas of the country. Due to the gross inadequacy of health care personnel provided by government, private and faith based organizations in the country to take care of the health needs of the populace, the volunteers under this scheme are disposed to providing

²⁶ NYSC, “Community Development Service and Special Projects Department” Accessed February 27, 2021 https://nysc.gov.ng/downloads/HIRD_PROFILE.pdf

²⁷ NYSC, “National Youth Service Corpse Health Initiative for Rural Dwellers” Accessed February 27, 2021 <https://www.nysc.gov.ng/cds.html>

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

correct information and medical palliatives to Nigerians in every nook and cranny of the country if provided with the logistics and medical facilities.²⁸ Beyond the Health Initiative for rural Dwellers (HIRD) of NYSC which emphasizes Corps members with medical academic backgrounds and orientations, other non-medical Corps members can be effectively involved in the social mobilization and advocacy against the Ebola virus with the proper training and orientation.

Another important perspective from which the National Youth Service Corps should be at the heart of the fight against the Ebola Virus Disease is the comprehensive national coverage of the scheme. Every year, Corps members are deployed to all the states and Federal Capital Territory of the country where there are furnished with comprehensive orientation on the national assignment ahead of them. After this period of orientation, Corps members are further posted to their Place of Primary assignment which covers even the remote parts of each state. This implies that Corps members are found in almost every part of each state of the country for their primary assignments. In addition to its nationwide coverage, NYSC has an efficient network across the country that makes any collective national assignment easy. This makes the scheme the most suitable for social mobilization and advocacy against the Ebola Virus as they can cover all areas of the country within a short period of time.

NYSC Combating Ebola Virus Disease (NYSC-COMEVID)

NYSC Combating Ebola Virus Disease (COMEVID) was borne out of the threat posed by the outbreak of EVD in Nigeria in 2014 and continuous prevalence in some African countries. The NYSC-COMEVID was an initiative developed as a strategy to contribute to the national global response to the fight against Ebola Virus disease. The concept is premised on the wide reach of the scheme and designed to have within

²⁸ NYSC, "National Youth Service Corpse Health Initiative for Rural Dwellers"

NYSC, National Primary Health Care Development Agency...

a short time trained and aimed at least 1000 Corps volunteers in each state with adequate skills to serve as advocates on awareness creation and prevention of EVD.

The early eradication of the disease and the declaration of Nigeria as EVD free can be attributed to the programme and several other interventions strategies adopted by the Nigerian Government.²⁹

Again, the zeal and energy associated with youthfulness of Corps members is a huge advantage in their combat of the Ebola Virus Disease. To a large extent, the fight against Ebola requires a great deal of willingness and zeal corroborated by a level of knowledge, discipline and commitment that come with some level of academic formation on the part of the personnel. These are found in the youthfulness and academic qualifications of members of the National Youth service Corps which make their role in the combat of Ebola, unquantifiable. Moreover, Corpse members have successful completion of their service year at stake which keeps them disciplined and focused on their task of combating the Ebola Virus Disease.

National Primary Health Care Development Agency (NPHCDA) and the Combat of Ebola

Following the declaration of the global target of Health for All in 1978, primary health care (PHC) has been globally acknowledged and adopted as the channel through which this lofty goal can be achieved. Global health can only become a reality when we accomplish Health for All in both developed and developing nations alike, the poor and the rich, the literate and the uneducated, old and young and women, children and the elderly. The primary health care system is a grass-root approach meant to address the main health glitches in the community,

²⁹ National Youth Service Corps Year Book, 45th Anniversary, Commemorative Edition 2018. Pp 30

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

by availing them preventive, curative and rehabilitative services.³⁰ In the Alma Ata declaration, primary health care has been defined as “essential care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”.³¹

Primary health care therefore, forms the foundation of health systems, ensuring all people stay healthy and get care when they need it. Primary health care connects people and families with trusted health workers and supportive systems to address the majority of their health needs throughout their lives.³²

In Nigeria, primary healthcare was adopted in the National Health Policy of 1988 as the foundation of the Nigerian health system as part of efforts to improve equity in access and utilization of basic health services. Since then, primary health care in Nigeria has evolved through various stages of development, part of which is the Primary Healthcare Development Agency (NPHCDA).³³

³⁰ Aigbiremolen, et al, “Primary Health Care in Nigeria: From Conceptualization to Implementation” *Journal of Medical and Applied Biosciences* 6, no. 2 (2014): 35 - 43

³¹ WHO, “Declaration of Alma Ata”, Report on the International Conference on Primary Health Care, World Health Organisation” Accessed February 27, 2021 <http://www.who.int>

³² Primary Health Care Performance Initiative (PHCPI), “Primary Health Care: The Opportunity in Nigeria” Accessed February 27, 2021 <https://improvingphc.org/sites/default/files/PHCPI%20Country%20Brief%20-%20Nigeria.pdf>

³³ Aigbiremolen, et al, “Primary Health Care in Nigeria: From Conceptualization to Implementation”

NYSC, National Primary Health Care Development Agency...

The National Primary Healthcare Development Agency (NPHCDA) was established in 1992 and heralded the third attempt to make basic healthcare accessible to the grassroots. During this period, which spanned through 2001, the Ward Health System (WHS) which utilizes the electoral ward (with a representative councillor) as the basic operational unit for primary health care delivery was instituted.³⁴

This was in response to the devolution of Primary Healthcare to the Local Governments by the then military government. The Ward Minimum Health Care Package (WMHCP) which outlines a set of cost effective health interventions with significant impact on morbidity and mortality was also developed. The package took into cognizance the nation's burden of disease, current trends in disease prevalence and priority diseases of national importance. The Ward Minimum Health Care Package was developed within the context of the Ward Health System and aligned with the Millennium Development Goals (MDGs) targets of Nigeria. To drive this new policy, over 500 model health centres were established across the nation by the federal government.³⁵

While it was logical that Primary Healthcare, which is community oriented, be established around the tier of government perceived to be closest to the people, the sudden devolution of primary health care to the local government areas may have had negative implications on sustainability of quality as that level of governance is also known to have the weakest technical capacity. Again, the Federal Government's intervention by building model health centres for the Local Government Areas, though well-conceived, was paradoxical to the newly initiated principle of devolution of healthcare. While this

³⁴ Ibid

³⁵ National Primary Health Care Development Agency, "Minimum Standards for Primary Health Care in Nigeria" Accessed on February 28, 2021
<https://www.medbox.org/document/minimum-standards-for-primary-health-care-in-nigeria#GO>

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

intervention may have been sustainable under the unitary military dictatorship, its sustainability was challenged by the advent of democracy in 1999.³⁶

Although the National Primary Healthcare Development Agency (NPHCDA) had some modest achievements in its early years, it was not until the advent of democratic governance that it earnestly began to formulate and implement policies that would justify its place as the steward of primary health care in Nigeria. Principally significant amongst these are reactivation of routine immunization, polio eradication initiative, midwives service scheme (MSS), primary healthcare reviews, integrated primary healthcare governance, strengthening of the National Health Management Information System (NHMIS), and the bi-annual Maternal New-born and Child Health Weeks (MNCHW).

Given the above nature and goal of the National Primary Healthcare Development Agency (NPHCDA) therefore, their role in the combat of EVD is not farfetched. In the first instance, the accent on breaking transmission (through social mobilization and contact tracing) in order to control EVD is an appropriate public health response in the early phase of an epidemic. This requires early diagnosis and quarantine which, in turn, both require building a relationship of trust between communities and health services.³⁷ Fear and suspicion had disastrous consequences in some instances in some countries; for example riots ensued in Guinea in August 2014 after the circulation of rumours that health workers, who were disinfecting a market, were actually contaminating people. In another episode in Guinea in September 2014 eight members of a team trying to raise awareness about EVD were

³⁶ Aigbiremolen, et al, "Primary Health Care in Nigeria: From Conceptualization to Implementation"

³⁷ Scott, et al, "Critiquing the Response to the Ebola Epidemic through a Primary Health Care Approach" *BMC Public Health* 16 (2016): 1 - 9 DOI 10.1186/s12889-016-3071-4

NYSC, National Primary Health Care Development Agency...

killed by villagers using machetes and clubs.³⁸ The 2014 experience of EVD outbreak therefore shows that it is difficult to engage communities unless there is an existing well-developed relationship and a network of health workers who are already accountable to, and embedded within communities. Comprehensive primary health care response further advocates for extensive community engagement as a mechanism to give voice to marginalised communities and reduce their vulnerability.³⁹ This makes Primary Health Care central to the combat against the EVD.

Nigeria's strategy that saw the successful victory over the EVD in 2014 however, did not indicate the involvement of the National Primary Health Care Development Agency (NPHCDA). The records indicate that;

A team of 40 trained epidemiologists and 150 contact tracers was mobilised. They drew up a list of all Sawyer's contacts and those of the subsequent Ebola cases. Locations were mapped and hot spots identified. Fifty teams of contact tracers did house-to-house, in-person visits within a radius of each Ebola contact. In total, they visited 26 000 households in Lagos and Rivers States.⁴⁰

There was no clear indication that these 150 contact tracers included the staff of the National Primary Health Care Development Agency (NPHCDA). However, some explanations for this seeming exclusion of the Primary Health Care workers could include the fact that the 2014 EVD outbreak was identified and rapidly contained in good time, thereby preventing it from a full blown community transmission, which is where the services of the Primary Health Care workers would have

³⁸ Ibid

³⁹ Ibid

⁴⁰FolasadeOgunsola,"How Nigeria Beat the Ebola Virus in Three Months" Accessed February 28, 2021 <https://theconversation.com/how-nigeria-beat-the-ebola-virus-in-three-months-41372>

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

been most required. Again, the poor state of Primary Health Care centres across the country in terms of personnel and facilities may have made it risky for the government to anchor such an emergency response required to contain the spread of the Ebola Virus Disease on the services of the National Primary Health Care Development Agency (NPHCDA).

The above factors notwithstanding, it is the duty of government to revitalize, equip and reposition the National Primary Health Care Development Agency in order to get them fully involved in effectively playing their role in the combat of the EVD or an outbreak of any other viral disease both now and in the future.

Conclusion

The rationale behind a paper on the roles of the National Youth Service Corps (NYSC) and National Primary Health Care Development Agency (NPHCDA) in the combat of the Ebola Virus Disease in Nigeria almost seven years after the virus was successfully defeated in the country may be puzzling. Since the country successfully contained and eliminated the virus in the past, it may be as simple as repeating the earlier strategy that proved successful in 2014 whenever the virus comes visiting again. Unfortunately, it may not be as simple as that. As mentioned earlier, the country was lucky to identify the virus and deal with it in good time before ever degenerating to a countrywide transmission. The country may not be as lucky as 2014 when the virus comes visiting again, especially as there are reports of a resurgence of the EVD in Democratic Republic of Congo and other African countries. It becomes imperative therefore, that Nigeria builds capacity for a much wider coverage of response to the Ebola virus Disease⁴¹ and similar health emergencies in the future. From all indications so far in

⁴¹ Patricia Henwood, "Ebola in West Africa: From the Frontline" in *Ebola's Message: Public Health and Medicine in the Twenty-First Century*, ed. Nicholas Evans, Tara Smith and MaimunaMajumder (Cambridge: The MIT Press, 2016), 26

NYSC, National Primary Health Care Development Agency...

this paper, it is clear that the National Youth Service Corps (NYSC) and National Primary Health Care Development Agency (NPHCDA) were not fully involved in the combat against the EVD in 2014, they have fundamental roles to play in the combat of the virus in the future, especially in the area of social mobilization including community sensitization, contact tracing, vaccination⁴², etc, especially with reports of a re-emergence of the dreaded virus in Democratic Republic of Congo and other African countries.

⁴² With the first FDA approved vaccine for Ebola – rVSV-Zebov in December, 2019, it would seem as though the fight against the Ebola Virus Disease is finally won and there may be no need to identify involvements and roles in the combat of the virus. But the fact remains that even with the presence of the vaccine, the people need to trust the government, health personnel and even the vaccine before accepting to be vaccinated. This requires social mobilization and advocacy which will significantly require the services of members of the National Youth Service Corpse (NYSC) and the National Primary Health Care Development Agency (NPHCDA). Again, the actual administration of the vaccines requires the nationwide coverage-advantage of both members of the NYSC and NPHCDA.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Amos Amehlchaba

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THE NYSC AND NIGERIA'S HEALTH SECTOR

Abah, Joel

7

National Youth Service Corps and the Fight against Drug Abuse in Nigeria

Abah, Joel

Introduction

The National Youth Service Corps was created in a bid to reconstruct, reconcile and rebuild the economy after the Nigeria Civil War in 1967-1970. It was established by decree No. 24 on 22nd May, 1973 which stated that it is being established "with a view for proper encouragement and development of common ties among the youths of Nigeria and the promotion of National unity".¹ Poverty, mass literacy, shortage of skilled man power, disunity, religious and cultural hostilities and intolerance, and many more were the issues that

National Youth Service Corps and the Fight against Drug Abuse in Nigeria

plagued the country which necessitated the then Yakubu Gowon led administration to establishing the NYSC. In an attempt to make the impact of the NYSC felt in all local Nigeria communities, Community Development Services (CDS) was introduced as one of the cardinal focus of the NYSC. Through the CDS groups, members of the Service Corps work with the local communities to promote self-reliance by systematically prospecting and executing development projects and programmes which imparts positively on the socio-economic development of the host communities.²

Members of the Service Corps are called Corps Members, originally or in principle or ‘Corpers’ informally. Each Corps member is compulsorily assigned to a particular CDS group to enable them carry out their CDS with other Corp Members as a team. Personal CDS is optional but highly encouraged, as the Corps member with the outstanding service which cuts across all the cardinal programmes of NYSC is often given a state and President’s Honours award. Group CDS is expected to be attended once in a week, while the remaining four days of the week is for working at the Place of Primary Assignment (PPA). PPA is the institutional attachment of Corp Members where they are supposed to work as staff.³

The objectives of the NYSC-CDS are summarized as follows; impacting positively on rural community life, developing the spirit of entrepreneurship, inculcating in the Nigerian youth the ideas and capacities for leadership, endurance, community service, national service, patriotism and creativity, exposure to customs and traditions of host communities, ability to experiment with ideas and translate them into concrete achievements thereby relying less on foreign technology and the promotion of local contents, harnessing the enormous talents and skills of Corps Members into an effective machinery of change in rural communities, providing on the job training, instilling in our youths the tradition of dignity of labour and

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abah, Joel

productivity, and to complement the activities of government at all levels in the stride towards national development.⁴

The following are some of the CDS groups; Corps Legal Aid group (provision of free legal services) Sports Group; (recreation and healthy rivalry), Cultural Tourism Group (Dance, band and drama), Education Development Group (Mass Literacy, Adult Education), Road Safety Group (Contributes to public safety), Medical and Health Services Group (Red Cross, Breast without spot), Drug Free and Quality Control Group (NDLEA, NAFDAC, SON) to mention but a few. For the purpose of this study, our focus shall be on the latter, which is Drug Free and Quality Control Group, they partner with NDLEA, NAFDAC and SON to regulate the consumption sub-standard and illicit drugs in Nigeria.⁵

What is Drug?

Drug in the broadest terms is any substance which changes the way the body functions, mentally, physically or emotionally. Drugs of abuse are generally classified within three major groupings:(a) depressants, such as alcohol and opioids (b) stimulants, such as amphetamines, and cocaine; and (c)hallucinogens.⁶⁻⁹

While drug abuse and drug misuse are incessantly used interchangeably used, there is a slight difference in dealing with both concepts. For the purpose of this study, drug abuse describes the non-medical, self-administration of a substance to induce psychoactive effects, intoxication or altered body image, despite the knowledge of its potential adverse effects, while drug misuse implies that a drug has a proper medical use and prescription, but it's being employed for an incorrect purpose.¹⁰ The well-known example of drug misuse are observed in cases of self-prescription and drug overdose. This comes with grave consequences, such as altered metabolism and sever systemic organ dysfunction. One major consequence of drug abuse is dependence and addiction, characterized by compulsive drug craving behaviours and use that persists in the face of negative consequences.

National Youth Service Corps and the Fight against Drug Abuse in Nigeria

These changes are maladaptive and inappropriate to the social and environmental settings, and therefore, may place the individual at risk or harm.¹¹

From the above, it can be deduced that drug abuse can be referred as continual or patterned use of drug in which the user consumes the substance in amounts or with methods which are harmful to them or others. When an individual persists in use of those drugs, despite problems created by the use of the substance, it may lead to dependence on those drugs. The compulsive and repetitive use can result in tolerance to the effects of the drug and results in dangerous symptoms when use is reduced or stopped.

Dynamism of Drug Abuse among Nigerian Teenagers and Youths

Stemming the flow of opioid imports has proven particularly difficult for Nigerian authorities. Two high profile raids at the country's largest port November 2018 resulted in the seizure of over half a billion tablets of Tramadol, a pain relief drug often. The inflow of opioids is not limited to Nigerians alone either as UNODC says west, north and central Africa jointly account for 87% of all pharmaceutical opiates seized globally. Asides from the imports, Nigeria also faces internal problem with corruption at major local pharmaceutical companies boosting the illicit supply of codeine-based cough syrups to drug users. While the widespread illicit drug lingers, the survey also notes that there are major gaps in Nigeria's healthcare system in "meeting the needs for treatment and care for people with drug use disorders".¹² Drug use habits in Nigeria have devolved with young people increasingly resorting to potent mixtures of several drugs at high risk of fatal overdoses. For instance, "gutter water," a widely cocktail of drugs, is a mix of codeine, tramadol, rohypnol, cannabis and water or juice. Some young adults are also turning to crude concoctions as alternatives, including smoking lizard parts and dung as well as sniffing glue, petrol, sewage and urine as inhalants.¹³

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abah, Joel

The use of drug for social rather than prescribed medical reasons has been well documented.¹⁴⁻¹⁵ A comparison with other third world countries reveals that Nigeria ranks among the highest users of dangerous drugs, such as alcohol, tobacco, cannabis, benzodiazepines, cocaine and opioids.¹⁶ A review of literature clearly indicates that there has been a steady increase in the prevalence of drug use and its associated consequences within the last three decades.¹⁷⁻¹⁹ Almost all kinds of psychoactive substances are available in Nigeria due to their spill over the streets from drug traffickers who use Nigeria as a conduit to transport drugs from South-East Asia(the Golden Triangle) and South America (Bolivia, Peru, and Brazil) to Europe and North America.²⁰

There is high prevalence among youths, especially students.²¹ The desire to explore, experiment, peer-pressures, lack or inadequacy of parental care and attention, and depression are some of the factors responsible for this menace. According to a research carried out at University of Lagos, Nigeria, using a WHO student drug survey proforma. Of the 1000 students surveyed, a total of 807 responded to the questionnaire resulting in 80.7% response rate. Majority (77.9%) of the students were aged 19-30 years and unmarried. Six hundred and ninety-eight (86.5%) claimed they were unaware of drug abuse, as they demonstrated poor knowledge and awareness. Marijuana, 298 (45.7%) was the most common drug of abuse as seen by most students. They were unable to identify very well the predisposing factors to drug abuse and the attending risks. Two hundred and sixty-six (33.0%) students were currently taking one or more drugs of abuse. Coffee (43.1%) was the most commonly used drug, followed by alcohol (25.8%) and marijuana (7.4%).²²

From the above, we can say, adverse health effects of substance use can be divided into four broad types ;(i) acute toxic effect (e.g illicit drug overdose and psychosis). (ii) Acute effect of intoxication (e.g accidental injury and violence related to alcohol intake (iii) development of

National Youth Service Corps and the Fight against Drug Abuse in Nigeria

dependence and (iv) adverse health effect of continued regular use (e.g chronic somatic disease and mental disorders). Studies analyzed above have shown association between substance use and various adverse effects.

The consequences of drug on a youthful population can be overly disastrous. Some of which have been established through empirical researches includes; liver cirrhosis, pancreatic, peptic ulcer, hypertension, neurological disorder, tuberculosis, etc. Mental effects consist of retardation, growth deformity, nervous system deficiency, amnesia and dementia among others.²³ The overwhelming effects of drug abuse and subsequent addiction is so shameful to the extent that both the national and international organizations all over the world are also worried about the spread of this scourge among youths.²⁴

Factors that Enhances Drug abuse among Youths

Some of the pulling factors to drug abuse we will be discussing here very briefly will be limited to; demographic, family, and parental influence and peer-groups, consistency of use, and individual characteristic factors.

Demographic Factors: Age and gender can predict the course of substance abuse. Several studies have found that, males have higher rate of alcohol and/ or illicit drug use than females.²⁵ It was further reported that the period of major risk for initiation into alcohol and marijuana reaches its peak between the ages of 16 and 18, and is completed by age 20, and that the risk of trying illicit consumption of drug is highest at 18 and declines at 21.²⁶

Family, Parental Influence and Peer-Groups: Social risk factors involve the influence of the family, peers and environment. Many studies revealed that, in families where the use of alcohol and other drugs is high, the adolescence is likely to also be involved;²⁷ we can further deduce that adolescence from dysfunctional or disturbed

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abah, Joel

families are more likely to become substance abusers. This may be due to depression and lack or inadequacy of guidance. Adolescence whose peer groups are involved in alcohol are also likely to be involved.

Consistency in Use Increases Persistency: Research has shown that the use of certain substance, such as alcohol and marijuana, can lead to increased use, as well as the use of harder drugs²⁸. Continual and senseless use of drugs can give rise to rebelliousness and precocious sexual and delinquent activities. In the nutshell, we can state categorically, that continual use of those substance leads to addiction despite the reality of negative outcomes. Adolescents tend to begin with certain entry drugs such as cigarettes and liquor, then sequentially progress to marijuana and finally to harder drugs as most drug users do not limit themselves to one particular substance. Other causative factor is individual characteristics. Poor academic achievement has been found to influence and/or other drug use. Psychological variable such as self-esteem, motivation, developmental factors and depression can also contribute to drug use.²⁹

We can never be able to fully exhaust the causative factors that enhances the praxis of drug abuse. However, from the above, we can deduce that demographic (which states that males are prone to the risks of drug abuse), social networks (which includes, family, peers and environment) Consistency in use can lead to persistent use (which means that maintaining the habit of passive illicit use, can lead to the use of harder drugs) and the individualistic factor (which refers to the fact that low self-esteem, lack of motivation, depression, poor academic achievement or performance etc) could all lead to drug abuse.

We can recall that earlier in this study, we mentioned that consumption of illicit drug could lead to mental issues, acute toxic effect (e.g, illicit drug overdose and psychosis) acute effect of intoxication (e.g accidental injury and violence related to alcohol intake), development

National Youth Service Corps and the Fight against Drug Abuse in Nigeria

of dependence and adverse effect of continued regular use. We should bear in mind however, that the effects are not exhaustive here.

It is against these cancerous effects of illicit drug production and consumption on the society, that the NYSC introduced the Drug Free and Quality Control CDS Group. The Group partners with NDLEA, NAFDAC and SON in carrying out its activities. This union is to create awareness on the dangers or consequences of drug abuse and see to the eradication of fake and adulterated drugs in Nigeria. They are also to ensure that Drug Free Clubs are established across Secondary schools, and as well ensure linkages with host communities, in order to birth grassroot results. We shall therefore proceed to see how the partnership has helped to sensitize and educate the public about the dangers of illicit drug businesses and consumption. The CDS group is in operation in all states of the federation (See ABC, NYSC 2014). However, we take a cursory look at some of their activities across Nigeria.

NYSC Drug Free and Quality Control CDS Group, NDLEA, NAFDAC and SON Partnership

In accordance to the directive of the NYSC-Director General in 2014, the purpose for the establishment of the Drug Free and Quality Control CDS Group (in partnership with NDLEA, NAFDAC and SON) shall be that, they will see to the eradication of adulterated foods, and drugs and secondly creating awareness on the dangers of drug abuse. In order to achieve these goals, they will embark on; campaign and sensitization, establishment of drug free clubs in schools and ensuring linkages with host communities.³⁰

In carrying out these assignments, Corps members usually go out to open places, such as schools to organize debates on drug abuse, in some places, if the conditions are conducive, they establish the Drug Free Club in such a school, after the debate. Under certain conditions, participants in the debates are automatically conscripted into

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abah, Joel

becoming the pioneer members of the Drug Free Club. In market spaces too and especially on market days, the Corps members also stage a short play let or drama, singing and dancing in the native languages of the community. This is done to draw the attention of onlookers and passersby in order orientate, educate and sensitize them about the inherent dangers of drug abuse. In some of the places, Corps members uses placards and marker to translate English into the original language of their audience or the community. This is to enhance their understanding. Some other times too, they go on to make use of signs, symbols and pictures of deranged drug addict usually in chains, who is almost beyond recovery on sign posts and banners in passing across their messages. All of the entertainments such as drama, singing and dancing, et cetera, are all geared towards educating the public on drug abuse and the unending advantages of creating a drug free society.

On September 14, 2017, Corps Members of the NYSC Drug Free and Quality Control (DFQC) CDS group, Akure South Local Government Area in Ondo State took to the street to carry out campaigns and public sensitization on drug abuse, quality and to avoid self-medication. They advised the public to visit medical practitioners and avoid self-medication, and also advised youths to avoid hard drugs. They went further to teach their audience the importance of NAFDAC and SON.³¹

On Thursday, 9th of May, 2019 at Katsina State, they also took their advocacy activities to Government Girls Secondary School, Katsina. The group enlightened the students on issues bothering around drug and substance abuse in our immediate society and how it affects them, especially as young women and teenagers. The programme ended with questions and answers session where the students shared the knowledge and opinion on the topic.³²

In its bid to ensure that Sokoto state is a drug abuse free zone, the NDLEA/DRUG FREE CDS Club stormed Royal Comprehensive Secondary School, Angwuakoasi Phoenix village, Sokoto to sensitize

National Youth Service Corps and the Fight against Drug Abuse in Nigeria

them on the Effects of Drug Abuse on Nigeria youths. They defined drug abuse 'as the taking of drugs without prescription (self-medication). It is also the intake (swallowing, injection, snuffing and inhaling) of hard drugs into the body to boost abnormal activities'. The Principal appreciated the Corps Members for their sacrifices.³³

In addition to the creating of public awareness and sensitizations, NDLEA and DFQC CDS groups in States like Oyo,³⁴ Akwa Ibom,³⁵ Lagos,³⁶ Benue,³⁷ Kano,³⁸ Zamfara,³⁹ Bauchi,⁴⁰ Rivers,⁴¹ Ekiti,⁴² Kebbi,⁴³ Osun,⁴⁴ Abuja,⁴⁵ Imo,⁴⁶ Enugu,⁴⁷ NDLEA/NYSC,⁴⁸ and many others are maintaining very active social media platforms where they organize online campaigns to create awareness about the effects of illicit consumption of drugs. This is in partnership with NDLEA, NAFDAC and SON.

The concerted efforts of the DFQC CDS group, NDLEA and SON, through campaigns, and sensitizations, establishing Drug Free Clubs in schools, have contributed drastically in reducing the illicit use of drugs. We can say that these are compulsory steps to eradicating drug abuse among the youths and teenagers. Through taking the drug free education to the very grassroots of every nook and crannies of the Nigerian communities through singing, dancing and translating written and spoken English into the local dialect of the communities has made linkages to local communities, the goal of the CDS group which has to do with linkages to host communities is achieved. As a result of this linkage, the partnership has birthed the establishment of the Drug Free CDS Club in schools within the host communities. The outreaches, rallies and sensitization they do, as well comb the community of drugs addicts and those that has the prospects of becoming addicts and also render aid to those who are battling with the menace of substance use. More also, many young adults who have discovered that drug abuse do not make anything good out of anyone, have also joined in the campaign. By these activities, the Corps members have contributed

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abah, Joel

their quota in collaboration with NDLEA, NAFDAC, and SON in eradicating illegal drug production and illicit consumption.

Conclusion

Having, examined NYSC and the fight against Drug abuse in Nigeria, we saw that NYSC was created by the Yakubu Gowon regime in order to reconstruct, rehabilitate and reconcile the Nigerian populace after the horrendous civil war in 1967-70. One of the cardinal focus of NYSC is community development services, which enables Corps members contribute positively to the various communities that usually hosts them. In accomplishing this CDS goal, various CDS-Groups were established. This exercise culminated into the founding of the Drug Free and Quality Control CDS Group, among others. The group partners with NAFDAC, NDLEA and SON with the major aim of eradicating drug abuse from the Nigerian society. The group employs the tools of creating awareness and sensitization of the public on the dangers of drug abuse, to ensure linkages with local communities and teaching them to say "NO". Through this discourse, we have seen that their efforts are worthy of commendation. The price to save the Nigerian child should never be left in the hands of a few alone. In addition, we have also seen from this study that; demographic, peer-group, family, and parental influence, as well as other social and economic structures not exhausted here contribute as pulling factors into drug abuse. We all must contribute our quota from the home front even to the larger society to stop this deadly menace.

National Youth Service Corps and the Fight against Drug Abuse in Nigeria

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National Youth Service Corp Members in Medical and Health Care...

8

National Youth Service Corp Members in Medical and Health Care Service Delivery in Kogi State – Nigeria

Sule, Abubakar

Introduction

The Nigeria's NYSC Scheme is national programme for all fulltime graduate youths who have obtained first degrees from university or polytechnic and are 30 years and below. The scheme was established in 1973 after the civil war, in order to ensure rapid social and economic development of the country, and promote national unity amongst the different ethnic groups in Nigeria. Aside the establishment of NYSC programmes in Nigeria, similar programmes exist in other countries of the world such as Isreal, France, United States of America, Ghana,

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

Uganda, Zimbabwe etc though with varying modes of operations, scopes and durations (Elemure, 2015; ABT Associate, 2007; Ghana NSS, 2011; Modondo, 2003). From existing literature, bridging poverty gaps and enhancing infrastructural development requires improved human capital development and world class leadership skills with proper guidance and relevant orientation (Agbonizuanghwe, 2006; Oguntuase, 2011, Elemure, 2015). Despite of the aforementioned benefit of the scheme to the relevant stakeholders, the youths who are the core beneficiary requires other incentives to boost their productivity. For instance, within the health sector, health care personnel are very unequally distributed across rural and urban areas, partly because the incentives to serve in rural and isolated areas are small (World Bank, 2010). This means realization of organisational goals is only possible with effective motivation of workforce (Whiting, 1963; Henry, 1998).

The role of corps members in medical services cannot be overemphasized as they stand to bridge the health care delivery gap during the service year but this also requires both extrinsic and intrinsic rewards by virtue of rural locations of their services. This is necessary as World Bank (2010) survey reveals that, working conditions are difficult, particularly in rural areas with little incentives to respond to the communities' demands. There are instances where absence of inadequate remuneration and working conditions, lead to developing different coping strategies by way of providing health care at home (Van Lerberghe, Conceicao, Van Damme, & Ferrinho, 2002), especially among corps members in medical services who have only one year mandatory period with attendant effect on the general health care delivery to the host community. Experience over the years has revealed that absence of incentives can bring distraction and frustration, resulting to corps member redeployment thus hindering NYSC scheme effectiveness. Importantly, in the words of Onumadu, (2013) corps members stand to contribute significantly towards the development of the rural areas irrespective of government role in rural

National Youth Service Corp Members in Medical and Health Care...

development. As such, NYSC service is very crucial in African societies to meeting common challenges through common efforts (Arigbo, Onuekwusi & Ikoro, 2019).

The extent to which corps members in medical services have enhanced health care delivery in rural area particularly Kogi remains unexamined, which is the essence of this chapter. Specifically, this research set out to achieve the following specific objectives:(i) to investigate factors influencing health care service delivery among corps members in medical services (ii) to ascertain how incentive to corps members in medical services and health facilities enhances health care service delivery and (iii) to investigate the extent to which infrastructural facilities and financial service leads to improvement in health care service delivery. This research is necessary because of the disposition of corps members in medical services, to choice of their place of primary assignment on account of health and physical infrastructure and financial service factors, which might hinder the actualization of the core of objective of the NYSC scheme.

Literature Review

Conceptual Issues: Corps Members and Health Care Service Delivery

Eberly (2002) emphasized that National Youth Service is an occupation for young people that are constructive and an investment in the future, thus the scholar conceptualize National Youth Service as an organised activity in which young people serve others and the environment in ways that contribute positively to the society. To Agumagu, Adesope and Mathews-Njoku (2006), the National Youth Service Corps is a programme meant for graduates of tertiary institutions to serve the nation for one year as a way of integrating them into other geographical region in the country. National Youth Service Corps is a Nigerian organization which was established by the Nigerian government to engage fresh Nigerian graduates of tertiary institutions

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

in national development (Deebom & Daerego, 2020). It is mandatory one year national programme for Nigerian and foreign trained university and polytechnic graduates of 30 years and below. In literature, the rationale behind the whole concept of NYSC centred on the need to foster national unity and integration (Elemure, 2015). To Chimeleze (2012), the aim of NYSC scheme is to bring about unity in the country and to help youth appreciate other ethnic groups.

Corps medical personnel are in short supply thus affecting the number distributed to states for their one year mandatory service. The corps members in medical services include, Medical Doctors, Pharmacists, Nurses and Laboratory Technicians. Importantly, literature has emphasized on how several factors hinder their choice of place of service, this includes; financial motivation, environmental factors and physical infrastructure. Bennet and Franco (1999) health workers motivation is a complex internal process that is determined by numerous individual, organizational, and socio-cultural or environmental factors. Workers individual needs, self-concept, and their expectations for consequences affect their motivation for performance (World Bank, 2010). Some factors that can influence workers to exert efforts in their performance might be more important than others (Hertzberg, 1959 cited in Bennet & Franco, 1999). The scholar further emphasized that there are factors that can affect workers dissatisfaction by their presence or absence such is the case of salary, work conditions, job security, and interpersonal relations. Other factors such as achievement, the work itself, recognition, responsibility, advancement and growth can determine the level of motivation and satisfaction. In many developing countries, it is reported that improved salaries and benefits are major financial incentives for workers to remain in the health sector (Wibul polprasert & Pengpaibon, 2003) but it is often difficult to increase salaries in resource-constrained settings (Mbemba, Gagnon, & Hamelin-Brabant, 2016). Given the position of various scholars, motivation/incentives is a necessary tool that stands

National Youth Service Corp Members in Medical and Health Care...

to enhance the productivity of individual in labour forces translating to better performance of organization or institution.

Obansa, and Orimisa, (2013) service delivery change reform in the health system is aimed at improving the quality of care and consumer satisfaction, ensure efficiency in the use of resources as well as enhance clinical effectiveness and to ensure equity and access to health care and thus promote social well-being. Health care services are activities geared towards the provision of a comprehensive package of integrated care to beneficiaries through the primary, secondary and tertiary levels (Federal Ministry of Health, 2009). The organization of the delivery of primary health care services largely varies across states in Nigeria (*World Bank, 2010*). Health care according to Okafor (1982) includes all services rendered to help someone with problems to return to or maintain normal health. Fouquet and Gage (1994) pointed out that these services include safety measures, proper nutrition, exercises, rest, sleep and medical care. Quality of care means delivering effective, safe, people-centered, efficient, timely, equitable, and integrated health services (The Global Fund, 2019). The severity of the health workforce crisis in some of the world's poorest countries is illustrated by the World Health Organization (WHO) (2006), which estimates that 57 countries, of which 36 in Africa, have a deficit of 2.4 million doctors, nurses and midwives. Also, the uneven distribution of the health workforce between urban and rural areas and the absence of a well-trained and supported staff constitute major problems in delivering services to meet the needs of communities in developing countries (Willis-Shattuck, Bidwell, Thomas, et al. 2008). Globally, it is recognized that nearly half of the global population living in rural and remote areas is facing enormous difficulties in access to quality healthcare (Mbemba, et. al., 2016), thus the need for corps members in medical services to complement the resident health personnel.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

Theoretical and Empirical Literature

Theoretically, several scholars have emphasized on how motivational package enhance health practitioners service delivery (Humphreys, Jones, Jones, et al., 2001; Chen, Evans, Anand, et al., 2004). According Maslow (1954) argued that employees are motivated to satisfy five need levels: physiological needs, security need, belongingness need, self esteem and self actualization organizations, the needs are generally satisfied by adequate wages/salary and the attractive incentive packages. Importantly, incentive theory is one of the major theories of motivation and suggests that employees are motivated to do things out of a desire for incentives (Bernstein, 2011, Hockenbury & Hockenbury, 2003). These scholars position is similar to Herzberg (1959) position that there are two distinct human needs; physiological needs that can be met by money or material things and psychological needs to grow that can only be met by activities that make one achieve or develop (Dininni, 2011). Kerr (1995) further posits that reward serves many purposes in organizations and this is built on either extrinsic rewards or intrinsic rewards. To Kerr, it is extrinsic rewards system if employees receive benefits such as bonuses, salary raise, gifts, promotion and any other kinds of tangible rewards while intrinsic rewards encompasses things that tends to give personal satisfaction to individuals which includes; information/feedback, recognition, and Trust/Empowerment. The scholars conclude that intrinsic rewards make the employee feel better in the organization, while extrinsic rewards focus on the performance and activities of the employee in order to attain a certain outcome. Importantly, every organizational employee behaviour is predicated on the level of incentives received from the employer. This scholarly position on incentives or motivational package available to workers be it government establishment or private organization is a necessary factor that is not only essential to the worker's attitude but also stand to benefit and enhance the individual growth and by extension that of the

National Youth Service Corp Members in Medical and Health Care...

organisation or institution. Therefore, these theoretical positions capture the relationship this study set out to establish.

The study of Elemure, (2015) investigate the effectiveness of the national youth service corps scheme among 2012-2013 corps members in Lagos and Oyo states, Nigeria. In other to achieve the study objective, the use of descriptive statistics, t-test, multiple regression and content analysis were employed and findings reveal that corps members performance as rated by the employers remains significant during the period of the study. Fareo, (2020) examine the perception of National Youth Service Corps Members' towards community development service (CDS) in Adamawa State, Nigeria. The study sampled Batch A corps members in the 2018/2019 service year and the analytical technique employed is mean, Spearman Rank Order, t-test analysis and Analysis of Variance (ANOVA). Findings show that corps member's attitude to CDS was positive. In a study carried out in Rivers State - Nigeria by Deebom and Daerego (2020) examine the influence of National Youth Service corps entrepreneurship skill acquisition programmes on youth empowerment. The study employs Mean with Standard Deviation and z-test. Empirical results reveals that skills listed were available in NYSC- Skills Acquisition and Entrepreneurship Development (SAED) programme for acquisition for youth empowerment while NYSC-SAED programmes are also faced with some challenges. This study looks at the problems and counselling needs of corps members in Nigeria using analysis and variance (ANOVA) and the t-test Statistics (Adeoti & Olaewe, 2009). Finding reveals that psychological issue remains the major challenge of corps members.

In a related study carried out in Abia State - Nigeria on community involvement in the National Youth Service Corps community development service projects (Arigbo, Onuekwusi & Ikoro, 2019), the study employs frequency, mean and Pearson Product Moment Correlation for the analysis of the data and findings show that corps members carried out more of human development projects than

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

infrastructural projects. This is in addition to positive relationship and significant effect between corps member's project executed and community development activities of the NYSC. Similarly, in *a study on the effect of national youth service corps teachers' input on students' academic performance in secondary schools in Ogun State, Nigeria using frequency counts, percentage, means and Pearson Product Moment Correlation* (Odufowokan, 2013) and finding reveals that input of NYSC teachers on secondary school students significantly impact on the students' academic performance. In the study of Falola, Ibidunni and Olokundun, (2014) who used standard deviation to evaluate incentives packages and employees' attitudes to work in Ogun State, South-West, Nigeria. The study was able to establish strong correlation between incentives and employees' attitudes towards work; this result confirms the theoretical position on incentives in motivating workers to workers.

The study by Abdullahi, Cheri, Chikaji, (2016) carried out the analysis of the implementation of community development service projects of national youth service corps in Nigeria. The study used documentary analyses and finding shows that NYSC scheme is very effective given its existing structure. However, it could be marred with challenges like inadequate encouragement and motivation of Corps Members, forceful posting of Corps Members to CDS group and loss of spirit among Corps Members. On the other hand, Nnamani, Ugwuibe and Chukwurah, (2020) examines the evolution of multiculturalism in the challenge of national unity, with particular attention on national youth service corps scheme in Nigeria's 21st century. The study used descriptive-analytical approach and empirical finding show that corps members most times faces rejection by their employers, worst of all is rejection of corps members by government establishments.

It is evident from empirical review that there is no research that has examines corps members in medical services and health care delivery in Kogi and by extension Nigeria at large. This line of thought is

National Youth Service Corp Members in Medical and Health Care...

problem-driven solution that stands to address universal health coverage in Nigeria. It is imperative to ascertain the direction and facilitates how to strengthen corps members in medical services and health care service delivery relationship.

Methodology

Kogi State is one of Nigeria's 36 states, historically referred to as part of the middle belt of the country, but politically belonging to the North Central geopolitical zone. The state comprises three senatorial districts; East, West, Central, and their major languages are Igala, Ebira, Yoruba and other minority groups. According to statistics from Federal Ministry of Health, (2019) the state boasts of 1235 health care centres for both government (1003) and private individuals (232) which are scattered across its 21 local government areas (LGAs) to serve a population of about 4,473,490 million people in 2016 (CBN, 2018). It is estimate that about 75 percent of the population lives in rural areas with agriculture as their major source of livelihood given their fertile arable land and location in forest savannah in addition to other trading activities. The focus of this study is among the corps members in medical services residing in the selected sample area. The choice of Kogi is based on the number of health care facilities owned by both government and private individuals. There good number of notable health care centres across Kogi State such as Federal Medical Centre in Lokoja, General Hospitals in each local government area of the state in addition to other privately owned health care facilities.

This study adopted a survey design which focused on a small sample of corps members. Data for the study will be sourced from field survey using instrument of questionnaires. The target population for the study comprises the entire serving corps members in medical services in both public and private health care centre in Kogi State, Nigeria. Statistics has shown over time that there are few people interested in health related profession thus reasons for the limited number of corps

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

members in medical services. From the field survey to some NYSC officials in Lokoja, the state capital, the following are the corps members serving under Batch A and Batch B (stream 1 & 2) 2020.

Table 8.1: Total Number of Corps Members in Batch A and B, 2020 in Kogi State

S/No	Batch	Numbers Based on Sex		Total
		Male	Female	
1	Batch A	850	1050	1900
2	Batch B (1 & 2)	469	302	771
Total		1319	1352	2671

Source: Field Survey, 2021

Table 8.2: Total Number of Corps Members in Medical Services in Batch A and B, 2020 in Kogi State

S/No	Batch	Numbers Based on Sex		Total
		Male	Female	
1	Batch A	32	50	82
2	Batch B (1 & 2)	19	22	41
Total		51	72	123

Source: Field Survey, 2021

The emphasis of this research is on corps members in medical services. The total of 123 corps members in medical services in Batch A and B 2020 is spread across four (4) categories of medical professions namely; Medical Doctors, Pharmacists, Nurses and Laboratory Technician. Given the number of corps members in medical services, the entire 123 of them were purposively sampled.

National Youth Service Corp Members in Medical and Health Care...

The collected data relates to respondents' socio-economic characteristics, factors influencing health care delivery, incentive to corps members in medical services, health facilities, infrastructural facilities and financial service. The research objective formulated guided the process of data analysis. From the results, four (4) points Likert scale ranging from Strongly Agree, Agree, Strongly disagree and Disagree were used while the information from the field survey where analyzed using Chi-square test. To effectively collect data for this study, the primary source of data was used while the instrument for data collection is Focus Group Discussion (FGD) and questionnaire. The validity of the instrument (questionnaire) used for this study was done through a discussion with statistician regarding the content, format adopted and its general suitability to the respondents as well as their appropriateness to the purpose of the research.

Results and Discussion

Socio-Economic Characteristics of the Corps Members in Medical Services

Table 8.1 summarizes the result of socio-economic characteristics of corps members in medical services in Kogi State.

Table 8.3: Socio-Economic Characteristics of Respondents

Distribution	Frequency	Percentage (%)
Sex		
Male	51	41.46%
Female	72	58.54%
Total	123	100
Marital Status		
Married	12	9.76%
Single	111	90.24%
Total	123	100

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

Categories of Corps Members in Medical Services

Medical Doctor	24	19.51%
Pharmacists	30	24.39%
Nurses	51	41.46%
Laboratory	18	14.63
Technicians		
Total	123	100

Source: *Field Survey, 2021*

Table 3 reveals that 41.46% (51) of the population of corps members in medical services are male while the remaining 58.54% (72) are female, this implies that more female are into medical related profession than male. For the marital status, it was observed that 90.24% representing 111 respondents of the corps members in medical services are singles while only 9.76% (12) are married. It is possible that the percentage of married corps members in medical services due to length of time spent in health related professionals thus, some might not want to wait after graduation. This population of married corps members in medical services is negligible as many may not want to mix family affairs with rigorous academic exercise. One of the reasons many of the respondents decide to wait to be married after graduation. Lastly, there are four major categories of corps members in medical services sampled in this study and 19.51% of the populations are medical doctors, 24.39% are pharmacists, 41.46% are nurses while the remaining 14.63% represents laboratory technicians. It is observed that most of the corps members in medical services are nurses and the reason is not far fetch due to limited length of time spent before graduation unlike medical doctors and pharmacists. This goes to shows that corps members in medical services in Kogi State are mostly nurse and pharmacists. Generally, given the limited number of corps members in medical services, there is possibility that some corps members may not be posted to some local government areas.

National Youth Service Corp Members in Medical and Health Care...

Factors Influencing Health Care Service Delivery

In other to achieve the above objective, this research was able to explore both the channel of empirical literature and focus group discussion with corps members in medical services to identify factors that influences health care service delivery in rural and urban areas. From the empirical studies and Focus Group Discussion (FGD), the following submission were made and grouped under two sub-heads

- (i) **Absence of Physical Infrastructure:** These physical infrastructures such as pipe borne water, good road network, electricity, transportation service, poor broadband penetration, access to available market, obsolete health facilities and poor housing accommodation. Nonavailability of good infrastructure does only affect administration and the psyche of corps members in medical service to stay in a particular location, but have significant impact on quality of health care service delivery. This is because, decent life through quality infrastructure enhances individual productivity, thus leads to meaningful service delivery. It is not out of place to say that absence of infrastructural facilities have capacity to hinders choice of location of corps members in medical services. Corroborating on this, the study of Kaibung'a, Mavole and Okuku, (2019) argued that poor infrastructure affects ability of staff to deliver health services.

There are instance that absence of stable electricity supply hinders certain health facilities such as medical refrigerators, sterilizers, lamps, incubators, microscopes, centrifuges, X-Ray viewers amongst other. This is aside other minor health related cases they refer to urban centre on account of absence of qualified health personal and even lack of functional health care facilities. In other to sustain high quality health care delivery, the provision and

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

maintenance of crucial basic public and private healthcare infrastructure and human capital has to be put in place to close the gap between levels of supply and demand of health care delivery.

- (ii) **Insecurity:** Insecurity situation in Nigeria is no longer new as virtually all rural and urban areas are faced with different form of security challenges such as kidnapping, banditry, and arm robbery arising from youth restiveness. If this is not checked urgently, it will go a long way in affecting the level of development and quality of health care delivery. In this modern day, no part of Nigeria is safe, thus security is becoming a personal affair instead of that of government. This stands to affect the choice of service area of corps members in medical services. The role of corps members in medical services if adequately monitored, stand to complement that of resident health personnel.

In order to achieve the objective two and three of this researcher, the study used questionnaires from the field survey, information collected were structured into four (4) points Likert scale ranging from Strongly Agree (SA), Agree (AG), Strongly Disagree (SD) and Disagree (DA) and this is presented in Table 1.

Table 8.4: Responses from Corps Members Engaged in Medical Services

S/No.	Questions to Respondents	SA	AG	SD	DA
A	Incentive to corps members in medical services and health facilities that enhances health care service delivery				
1	Do you think the health care physical facilities in rural area is a good motivation to work	18	25	45	35

National Youth Service Corp Members in Medical and Health Care...

2	Is there availability of health care equipments	18	37	39	29
3	Do rural health care centre provide capacity building and career advancement to corps members in medical services	15	21	53	34
4	Do rural health care centre have adequate drugs and supply	17	19	59	28
5	Do health care centre in rural area receive health care consultant from federal medical care	21	47	34	21
6	Is incentive (such as allowances) a good reason to motivate corps members in medical services to work in rural area	19	50	31	23
Total		108	199	261	170
B Infrastructural facilities and financial services that leads to improvement in health care service delivery					
1	Are you satisfy with the quality of water in rural area	18	31	44	30
2	Is there average level of security in rural area	29	43	29	22
3	Do rural area provide suitable accommodation for corps members in medical services	21	18	31	53
4	Are you comfortable with the level of power supply in the rural area	27	24	40	32
5	Is there spouse career opportunities and children education	18	24	51	30
6	Is there broadband penetration in	36	48	21	18

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

	the area that can enhance communication				
7	Is there good road and with good transport services in rural area	21	23	46	33
8	Is there access to financial services in rural area	20	35	50	18
9	Do you have access to banking innovation such as fintech and techfins	19	43	38	23
Total		209	289	350	259

Source: Field Survey, 2021**Test of Hypotheses**

In line with the study objectives outlined in the previous section, the following hypotheses would be tested:

- H₀₁: There is no significant difference between incentive to corp members in medical services, health facilities and health care service delivery
- H₀₂: There is no significant difference between infrastructural facilities, financial services and health care service delivery.

Table 8.5: Contingency Table for Hypothesis One

A	SA	AG	SD	DA	Total
18	25	45	35	123	
18	37	39	29	123	
15	21	53	34	123	
17	19	59	28	123	
21	47	34	21	123	
19	50	31	23	123	
108	199	261	170	738	

Source: Field Survey, 2021

National Youth Service Corp Members in Medical and Health Care...

Table 8.6: Result of Hypothesis One

F _o	F _e	F _o - F _e	(F _o - F _e) ²	$\frac{(F_o - F_e)^2}{F_e}$
108	$\frac{108 \times 123}{738} = 18$	90	8100	450
199	$\frac{199 \times 123}{738} = 33.17$	165.83	27499.59	829.05
261	$\frac{261 \times 123}{738} = 43.5$	217.5	47089	1082.50
170	$\frac{170 \times 123}{738} = 28.33$	141.67	20070.39	708.45
$\chi^2_C = 3070$				

Source: Author's Computation, 2021

Since the Chi-square calculated (χ^2_C) is 3070 which is above the chi-square critical ($\chi^2_t = 6.314$) the null hypothesis is rejected and the alternative hypothesis is accepted. This implies that there is a significant difference between incentive to corps members in medical services, health facilities and health care service delivery in Kogi State.

Table 8. 7: Contingency Table for Hypothesis Two

B	SA	AG	SD	DA	Total
18	31	44	30	123	
29	43	29	22	123	
21	18	31	53	123	
27	24	40	32	123	
18	24	51	30	123	
36	48	21	18	123	
21	23	46	33	123	
20	35	50	18	123	

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

19	43	38	23	123
209	289	350	259	1107

Source: *Field Survey, 2021***Table 8.8: Result of Hypothesis Two**

F _o	F _e	F _o - F _e	(F _o - F _e) ²	$\frac{(F_o - F_e)^2}{F_e}$
209	$\frac{209 \times 123}{1107} = 23.22$	185.78	34514.21	1486.41
289	$\frac{289 \times 123}{1107} = 32.11$	256.89	65992.47	2055.19
350	$\frac{350 \times 123}{1107} = 38.89$	311.11	96789.43	2488.79
259	$\frac{259 \times 123}{1107} = 28.78$	230.22	53001.25	1841.61
				X ² C = 7872

Source: *Author's Computation, 2021*

Since the Chi-square calculated (X²C) is 7872 which is above the chi-square critical (X²t = 6.314) the null hypothesis is rejected and the alternative hypothesis is accepted. This implies that there is a significant difference between infrastructural facilities, financial services and health care service delivery.

Conclusion and Findings

This research examined National Youth Service Corp members in medical services and health care service delivery in Kogi State – Nigeria. The specific objectives of this research is to identify factors influencing health care service delivery among corps members in medical services; to ascertain how incentive to corps members in

National Youth Service Corp Members in Medical and Health Care...

medical services and health facilities enhances health care service delivery and (iii) to investigate the extent to which infrastructural facilities and financial service leads to improvement in health care service delivery. The first strands of this research were able to identify physical and health infrastructural facilities in addition to insecurity as the major obstacles that hinder health care service delivery. This is because, corps members upon deployment particularly those in medical services, considers this factors before settling down in their place of primary assignment. This outcome corroborates with the findings of Falola, Ibidunni and Olokundun, (2014) and the earlier position of Wibulpolprasert and Pengpaibon, (2003) that emphasized the absence of improved salaries and benefits likely going to hinders workers stability in health sector in developing countries. The absence of these essential facilities also goes to prove why many corps members in medical service are quick to seek for redeployment to urban areas thereby hindering them to complement the duty of resident health personnel for the actualization of universal health coverage.

This research was able to establish that there is significant difference between incentive to corps members in medical services, health facilities, physical infrastructural facilities, financial services and health care service delivery. From their responses, it was established that incentives to corps members go beyond financial package as emphasis is placed on health and physical infrastructural facilities and financial services that stand to enhance corps member's standard of living during his/her service year. Inability of relevant stakeholders to make available these infrastructures is one of the reasons for poor state of health care system in developing countries, this is in line with the earlier findings of Mbemba, et al (2016).

THE NYSC AND NIGERIA'S HEALTH SECTOR

Sule, Abubakar

Recommendations

From the above outcome, it is evident that the complementary role of corps members in medical services to health care service delivery in rural and urban areas under threat because of absence of modern health and physical infrastructure in addition to absence of financial services, thus stand to jeopardize the sustainable development goals of achieving universal health coverage by the year 2030. It is on this premise that this research suggests a community based security approach through local government stakeholders and community leaders to create a conducive environment to accommodate corps members in medical services so that they can contribute their quota to affordable and accessible health care service delivery. The task of achieving universal health coverage through allocation of 15% of annual budget to health sector is under threat, as many countries in Africa including Nigeria is yet to reach and surpass the Africa Union declaration in April 2001. The inability for government to adhere to this commitment is part of the reasons for the current state of health sector, thus the call on both government and private individual to partner on how to make available quality health care to rural dwellers by committing substantial amount of their budget and investment funds to upgrade the existing health care facilities in addition to fixing of physical infrastructural that can motivate corps members in medical services to serve in rural areas.

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THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

9

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector: An Assessment of the Health Initiative for Rural Dwellers (HIRD) in Irele Local Government Area of Ondo State

Abu Leonard

Introduction

The Nigerian health sector is statutory established to provide essentially health care services to Nigerians, irrespective of their locations within the territorial jurisdiction of Nigeria.¹ The Health Care Sector in Nigeria belongs to the concurrent legislative list which empowers the Federal, State and Local Government to legislate on health matters. In essence, the Health Care delivery and the National

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector:

Health Policy is aimed at addressing effective and efficiency health care delivery services in Nigeria. The first record of health care services in Nigeria was attributed to the various European expeditions between the early and mid- 19th century.² Modern medical treatment in Nigeria was traced to the exploration of Mungo Park and Richard Lander which was greatly hampered by disease which led to the introduction of the use of Quinine by Dr. Baikie during the 1854 expedition.³

There were six national development plan rolled out from 1945 to 1985. The first colonial development plan 1945 – 1955, second colonial development plan 1956-1962, Second, National development plan 1962-1965 second National Development plan 1970-1975, Third National Development plan 1975-1980, fourth National Development plan 1981 – 1985. Aside the above developmental plan, the country also witnessed a plethora of other developmental policies. However, the third National Development plans of the 1970s seems to have given the greatest impetus to the improvement of the Nigerian Health System but faced challenges of lack of a comprehensive policy framework for sharing health responsibilities among the 3 tiers of Government.⁴ The era witnessed massive investments in health infrastructure and the development of auxiliary health manpower under the 'Basic Health Service Scheme' (BHSS). The scheme commenced 3 years before the Alma -Ata declaration on Primary Health Care and confirmed afterwards aimed at increasing the health coverage, correct mal-distribution of facilities between the urban and rural areas return emphasis on preventive care and establish an appropriate health care delivery system in the country.⁵

The two phases of 1986-1992 and 1993-2001 were eras of attempts at the national level at developing Primary Health Care with records of successes and failures. Although evidence shows that the Primary Health Care is the most cost effective way a country can improve its health.⁶ In pursuance of the Alma-Ata declaration the Nigerian Government in 1985 embarked upon a readjustment of the existing

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

National Health Policy by setting up a Committee headed by Professor A.O. Lucas. The Committee finally recommended the establishment of Primary Health Care delivery as the key to Nigeria's health care services.⁷ The National Health Policy declaration of Nigeria was for the country to attain a level of health for all citizens by the year 2000 through the implementation of Primary Health Care. The following are the objectives of Primary Health Care;

- To increase coverage of Health services extending such services to the grass roots especially to rural communities and the urban poor who are not well served.
- To change the orientation of health services with more attention to preventive than curative components.
- To improve efficiency of services and coordination of health care delivery at different levels of Government.
- To involve communities in the health decision making process and to reduce to the barest minimum other broad range defects in the nation's health system.⁸

However, the report of the Committee headed by Prof. A.O Lucas did not see the light of the day until the federal Government was convinced by Prof. Olukoye Ransom-Kuti the then Minister of Health to implement recommendations of the Committee. This however led for the adoption of the Primary Health Care delivery in 52 Local Government Areas as pilot projects, based on the Alma-Ata declaration of 1978.⁹ This led to the establishment of the National Primary Health Care Delivery Agency (NPHCDA) with the primary aim of developing and supervising the Primary Health Care delivery in the country.

The National Youth Service Corps (NYSC) and the Health Initiative for Rural Dwellers (HIRD)

The NYSC initiative to take health care services to the door step of rural dwellers was initiated by the Corp Director General Brigadier General J.B Olawunmi in 13th November 2014 in Ifelodun L.G.A of Kwara State.

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector:

The idea was for the utilization of Corp members as volunteers to carry out health care services in the rural communities of Nigeria. The impact and success of this project is today unquantifiable putting into consideration the impact of the programme on the lives of millions of Nigerian who live in rural communities. The NYSC new national strategic plan has led to the coming up of array of innovations one of which is the Health Initiative for Rural Dwellers (HIRD) programme which was officially rolled out on the 5th of October 2015 in all the 36 states of the federation. The Health Initiative for Rural Dweller (HIRD) is one of the programme borne out of the vision of the Director General.¹⁰ The main objective is to deliver health services through outreaches to remote, rural neglected communities across the country. It is basically designed to strengthen the rural community's capacity to access quality health care services. The programme has been a major provider of supplementary health services in the rural communities throughout Nigeria, through its policy of posting Corps medical personnel to rural communities all the country.

The rural health scheme is aimed at reaching out to the core rural Communities to enhance accessibility to Health Care services by rural dwellers. The scheme is basically about engaging corps medical personnel in the sensitization of rural communities on health issues such as prevention of diseases, providing first Aid services, monitoring of special cases of ailments and making referrals where necessary. In essence, its major task is to help inhabitants of rural communities who under normal circumstance are unable to access medical attention as a result of factors such as proximity and neglect. The need for the initiative was based on the fact that the Government health care facilities as well as Faith Based Organizations (FBOs) in the country are grossly inadequate to take care of the health needs of the people.

Also the high mortality rate often identified with rural areas is as a result of lack of basic facilities. Hence, this remoteness of the rural areas, low income status of the people to conventional health workers

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

makes them resort to herbal and self-medication or in some cases attribute some of the ailment to spiritual cases ending in some losing their lives. The NYSC with its repertoire of skilled medical personnel such as Medical Doctors, Pharmacists, Nurses, Dentists, Ophthalmologists etc. scattered all over the country it is in the best position to carry out medical intervention to Nigerians if provided with the necessary medical facilities.¹¹

The Health Initiative for Rural Dwellers (HIRD) scheme since 2014 is in partnership with other NGOs, Government agencies, and public spirited individuals in some states in Nigeria. In some states in the South West like Lagos, there is collaboration with OMRON Health care Ltd. Also the NYSC is partnering with the Lagos State Ministry of Health and Primary Health Care Board. This opened the gate for other States in the country to key into the initiative. Some of the states are Cross River State, Kogi State, Imo State, Taraba State, Osun State, Ondo State, Ebonyi State and the Federal Capital Territory, Abuja.

The Health Initiative for Rural Dwellers in Irele Local Government

Irele Local Government is found in Ondo State, south western Nigeria. It is about a 100kms from Akure the state capital. Irele is in the Southern part of the State with the people living on land as they are neither too close to the sea nor too far. The Local Government was created on the 11th of September 1991 from the defunct Ikale Local Government Area.¹² It is bounded in the west by Okitipupa Local Government, in the east by Edo State, in the north by Odigbo Local Government and in the south by EseOdo Local Government Area. The people are noted for trading and farming activities. Agriculture remains a great attraction to majority of people. Among the populace cash crop production as well as sustainer agriculture is commonly practiced. These make the sale of cash crops such as cocoa, kolanut, palm oil etc very common among the people. The inhabitants of Irele are essentially Ikale with some Urobo and Edo speaking settlers. The

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector:

people also speak Yoruba and English language fluently. The people are mostly Christian with few Muslims as well as worshippers of traditional religion.¹³ The headquarters of Irele Local Government is Ode- Irele. Other towns are Omi, Ajagba, Akotogbo, Iju-Osun, Iyansan, Barogbo, Temidire -Ayadi, Lonla, Gbeleju-Loda, Kajola- Lokaka, Kajola -Ojurin, Lipanu etc.¹⁴ The Local Government has a number of health centers which are 10 Public Health Centres and 12 Private Health centres. The Local Government Health Care Department encompasses 3 Comprehensive Health Centers located at Ode- Irele, Ajagba and Akotogbo. There are 12 Basic Health centres together with 10 health posts. There are also additional mobile Health units. Personnel manning the health institutions are Medical Doctors, Nurses, Midwives, Community Health Workers, Ward maids and Health Attendants.¹⁵ These primary health centers are being managed by the Irele Local Government with the assistance of UNICEF and other World Health Agencies. The Ondo State Government established a general hospital at Ode- Irele while other privately owned health centers are found across the Local Government. Some of the privately owned health centers are St Theresa Catholic Health Center, Ode- Irele, St Peter Hospital Ode - Irele, Olatujoye Health Clinic, Ode- Irele, St Michael (Gbajumo) Health Center, Ode- Irele etc.

The NYSC Health Initiative for Rural Dwellers (HIRD) programme in Irele Local Government area has led to the provision of health care delivery to people in different communities in the area through Medical outreaches particularly at Ode- Irele.¹⁶ The Corps medical personnel in the course of the programme engage in health talk and the treatment of diseases such as malaria/Lassa fever, HIV/AIDS, Ulcer, diabetes, skin diseases, hypertension, etc.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

Challenges of the Health Initiative for Rural Dwellers (HIRD) in Irele Local Government Area.

From all indications inadequate funding of the Health Care sector is largely responsible for the poor health status of a large percentage of rural dwellers. The major factors that affect the overall contribution of the health system development includes inter alia; Lack of consumer awareness of available health care services, inadequate laboratory facilities, lack of basic infrastructure and equipment, poor remuneration and motivation, poor health care financing, low community participation, lack of means of transportation and inadequate manpower etc. The first and major factor is the majority of consumers are ignorant or unaware of available services and their rights regarding health service delivery. The people in rural communities should be enlightened on the HIRD programme to give them room for maximum benefit of the programme. This awareness is very much needed in some of the communities such as Lipanu, Atorase, Iyanse etc.¹⁷ An enlightened community holds the key to making health for all a reality¹⁸

Similarly, there is lack of basic health equipment in the rural centers in the Local Government Area. The lack of these equipments makes it very difficult for programme such as HIRD to be fully carried out in some rural communities. These equipments include Stethoscope, Kidney dish, Microscope etc. Also, there is the absence of basic infrastructure and equipment in most of the rural health centers in the Local Government which is as result of shortage of resources. The provision of health services such as the HIRD programme relies on the availability of regular supplies of drugs, electricity, health care equipments, as well as appropriate infrastructure at the facility level. Facilities without safe water and electricity, non-functioning equipment and inadequate deliveries of drugs, diagnostic and other supplies are all too common in the rural areas of the Local Government.

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector:

Poor remuneration and motivation of health workers has had an adverse effect on their morale such that many health workers have migrated from rural areas. While there is an acute shortage of physicians in the rural areas, health workers are also paid meager salaries and they work in insecure areas and have heavy workloads, but lack the most basic resources, and have little chance of career advancement.¹⁹ In the words of a health worker at Lipanuit is necessary to accord financial rewards to Health Care Workers such as Corp medical Personnel who work under difficult conditions especially in rural areas²⁰.

The health sector suffers acute poor financing. The system should be modeled in a way as to remove high financial burden from the people when they seek medical treatment. Treatment should be according to need and encourage providers to offer an effective mix of curative and preventive services. This factor if well addressed will enhance HIRD programme in rural communities in the country and Irele Local Government in particular.

For the success of the HIRD programme in Nigeria and Irele Local Government in particular there is need for strong community participation. Alma-Ata declaration identified community participation as the process by which individuals and families assume responsibility for their own health and welfare and for those of the community. The community needs to participate at village, ward, district or Local Government level. Community participation in Nigeria was institutionalized through the formation and creation of District Development Committee (DDC) and Village Development Committees (VDC) (World Bank), ²¹ to assist in Health care delivery in rural communities.

Poor means of transportation has posed a great handicap to the operation of Health Care delivery especially for reaching patients in rural communities in Irele Local Government. Outreach to some of the

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

interior communities is quite tasking. A health care worker in Ode-Irele acknowledged that lack of transportation for the health centers and poor road network is a major handicap in their ability to respond to the health needs of the people in places like Lipanu, Atoranse etc.²² Lack of adequate medical Personnel has been a major problem in health care delivery in rural communities in Irele Local Government. In most cases there are few medical personnel posted by the NYSC to the Local Government. Some of the problems include lack of adequate personnel, inequitable distribution of available personnel, inter-cadre conflicts, poor job satisfaction, and paucity of accurate data on the available staff.²³

Prospects of Health Initiative for Rural Dwellers (HIRD) in Irele Local Government.

Having identified the various challenges facing the (HIRD) in Irele Local Government, we shall briefly examine the prospects of the programme in the area.

There is a general need for review and restructuring. Public health objectives at all levels of Government are influenced by demographic and background variables. In view of this, information about community felt needs becomes paramount. This is essential in carrying out the (HIRD) programme. In addition, new programmes should be developed to meet their unfulfilled needs. Some communities in rural areas are badly located in terms of physical accessibility.²⁴ The Health sector programme such as (HIRD) requires a high degree of community participation. It is almost universally acknowledged by national and international health care planners that community participation is the key to the successful implementation of Health care delivery. The 1978 Declaration of Alma-Ata identified community participation as 'the process by which individuals and families assume responsibility for their own health and welfare and for those of the community, and develop the capacity to contribute to their community's development²⁵.

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector:

Community participation has been institutionalized through the creation of Village Development Committees (VDC) and District Development Committees (DDC) that are grass-roots organizations expected to work closely with Local Governments in monitoring and supporting primary health care services²⁶.

With the benefit of Local information, they can assess the specific obstacles facing facilities in providing services and they can seek to ensure that facilities have the necessary infrastructure, supplies and staff motivation to provide the services they are supposed to provide. Some of this can be done through volunteer efforts, such as donations for buying supplies, but most of the benefits of community participation can only be harnessed if there are specific mechanisms in place to enable them do so. For example, whether or not they are allowed to raise Local resources will affect their ability to ensure a smooth flow of supplies. Similarly, whether or not they have a say in the evaluation and rewards/sanctioning of facility staff will affect the extent to which they are able to translate their observation of staff behavior into improved staff responsiveness to Local needs.

Capacity building of corps medical personnel with the assistance of partners in the health care sector is essential in the success of the Health Initiative for Rural Dwellers (HIRD) programme. This is to equip the medical personnel with the necessary requirements for the field work especially as it is to be carried out in rural communities. This will enable the medical to benefit from assistance from other private and public partners in the health sector. Such collaboration can be in the area of provision of drugs, mobility, etc. The Corps medical personnel are to embark on advocacy visits to rural communities to find out their health challenges and needs as well as seek their cooperation in the course of the exercise in the communities. This is to ensure a hitch-free exercise in the communities. Such advocacy visits are made to the traditional rulers, political office holders, religious leaders etc as their

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

cooperation is a necessity for the success of the programme. This visit enables the medical personnel to get acquainted with the health needs of the people of the community.

There is a need for increase awareness of the public in rural areas about health problems. This leads to mobilization of community resources and greater control over social, political, economic and environmental factors which affect global health.²⁷ To enhance the utilization of the health services by people, it is most important that they should recognize the need for such services. This need will only be felt if they start to value health as a worthwhile asset²⁸. For this, they need adequate, relevant, scientific information and education about health, disease and hazardous environments²⁹. Maximum efforts should be made to study the beliefs and practices about health and disease prevailing among different tribes and population groups. Traditional healers serve as the best source of information in this regard. Practices should be categorized into those that are clearly beneficial or clearly harmful. The information provided should be expressed in simple but quantitative form, starting from simple matters, such as personal hygiene, and gradually progressing towards more comprehensive health education, fostering behavioral changes and community action for health.³⁰ The language for communication should be the same as that of the Local people, audiovisual aids used must be produced Locally and be appropriate, and finally the educational program should be carried out by trained and experienced personnel from the Locality (World Health Organization, 1991).

Outreach by volunteer corps medical personnel is crucial for the success of the HIRD programme. The volunteer corps members to the rural communities are empowered with basic amenities such as vehicles medical facilities, drugs etc to reach out to the identified communities at least once in a week on a rotational basis while monitoring and evaluation of the entire programme implementation is

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector:

carried out to ensure it meets the intended objectives. The medical outreach is an area of human endeavor that remains a reference in unity and integration and embraced by all in view of its ability to touch the lives of others, give hope to the hopeless and meaning to the life of the underprivileged or neglected. The thrust of the initiative is to encourage relevant stakeholders support and eventual sustainability. Medical outreach is to contribute to mortality reduction and sustainable improvement of the health and wellbeing of rural dwellers nationwide.

There is a need for Collaboration between the National Youth Service Corps (NYSC) and health care sector which focuses on how to create conditions for health care providers everywhere to work together in the most effective and efficient way with the aim of producing the best health outcomes. Collaboration with other related sectors in the improvement of health care delivery as part of total socio-economic development is very important. It has been emphasized that no sector involved in socio-economic development, especially the health sector, can function properly in isolation. Many social factors such as education, housing, transport and communications influence, and so does economic factors too. Therefore, collaboration with the relevant sectors is especially important for worthwhile mutual benefits. Collaborative efforts focused on economic development and progress leads to better health. Educational institutions play an important role in the health status of the community, especially in the field of prevention³¹.

There is also need to avoid duplication of health related activities. In making inter sectoral coordination a reality, efforts should be geared demonstrating how ill health and disease are closely related to illiteracy, poverty, poor sanitation and environmental conditions, among others. Emphasis should be laid on health care that is essential, practical, scientifically sound, coordinated, accessible, appropriately

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

delivered, and affordable. One route to achievement of improved health outcomes within these parameters is the formation of partnerships. Partnerships adopting the philosophy and five principles of primary health care (PHC) focus on health promotion and prevention of illness and disability, maximum community participation, accessibility to health and health services, interdisciplinary and inter-sectoral collaboration, and use of appropriate technologies such as resources and strategies.³²

Technical appropriateness means that whatever policies and procedures are used in the delivery of health care, they should be acceptable to all concerned. When introducing any new technology by Health Practitioners as may be done during the HIRD programme, the authorities must be assured that it will not contravene the beliefs and practices of the Local culture. The whole health system should be used in a rational way to satisfy the essential health needs of rural people, by using methods acceptable to them such as the use of oral rehydration fluid in place of intravenous fluid etc.

Finally, there is a need for proper monitoring and supervision in the implementation of the (HIRD) programme scheme in Nigeria. This implies that someone higher up the scale should be watching to see that someone lower down is performing their job properly. The fault finding traditional method of supervision should be jettisoned. Corps medical personnel and Health Care workers should receive more guidance or mentoring on how to improve their performance. This will bring about the desired result in the Health Initiative for Rural Dwellers (HIRD) programme. For instance, inadequacy in the quality of primary health care facilities in Nigeria was felt to be the product of failure in a range of quality measures – structural (lack of equipment and essential drugs), and process (not using the national case management algorithm and lack of a protocol for systematic supervision of health workers). Efforts should be put in place to improve the quality and use of primary

The National Youth Service Corps (NYSC) and the Nigeria Health Care Sector: health care in Nigeria by focusing not only on providing better resources, but also on low-cost, cost-effective measures that address the process of service delivery such as supervision.³³

Conclusion

The Health Initiative for Rural Dwellers (HIRD) programme of the National Youth Service Corps (NYSC) which was launched in 2014 and rolled out across the country have been awesome and the feedback garnered nationwide indicates the programme received appreciation from state Governments, Local Governments, benefitting communities and other stakeholders. The various community heads all expressed delight at the choice of their location for the medical outreach and appealed that the intervention should be regular and all inclusive. The programme on the whole received generous support and hospitality gestures from their host communities. The Health Initiative for Rural Dwellers (HIRD) is a welcome programme and a major interest to the beneficiary communities. The programme intervention received support from all and sundry in Irele Local Government area of Ondo State. Evidence abound that with better planning, the programme support base will be the community itself. The success of the initiative will further be enhanced if the communities and the Local Government Areas are part of the programme conception at state level and are carried along during implementation.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abu Leonard

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The NYSC and Health Initiative for Rural Dwellers

10

The NYSC and Health Initiative for Rural Dwellers

Usman Abubakar Lamido

Introduction

Faced with a breakdown of social harmony following the 30 month Civil War (1967-1970) which followed the unsuccessful attempt by the then Eastern Region to secede from the country, the then Federal Military Government (FMG) realized that having won the war, it was imperative that the peace of solid and voluntary national unity be won. It was a clear realization that, even though the constituent parts of this multi-ethnic and multi-religious country have been forced to stay together as they were forced in 1914 by the British to come together true feelings of loyalty and solidarity that produce national cohesion

THE NYSC AND NIGERIA'S HEALTH SECTOR

U.A. Lamido

and unity upon which national progress and growth are predicated, could only be an outcome of a deliberate social process.¹

For a country that had already gone to war, the way to avoid another relapse into the ugly past was to device new means to unite the people in common allegiance to the nation state through service. Given the absence of a common ancestry and common national mythologies providing the primordial loyalty upon which nations are often based, national cohesion in Nigeria has to be based on some civic ideal or national imaginary. The challenge that Nigeria, with an estimated 374 ethnic groups, faced in the immediate post Civil War period therefore was how 'to engage in deliberate social engineering, designing programmes and pursuing policies meant to promote national unity, de-emphasize points of discord amongst the constituent groups, and foster greater interethnic understanding and harmony. The citizenship and youth training scheme in Nigeria dubbed the National Youth Service Corps (NYSC) was started against this backdrop. The fact that the programme was specifically targeted at 'youths' points to the fact that the emergent nation-state was investing in its future, particularly in the context of the unsavory past. As was recognized at the start of the program, 'youths constitute a dominant force for national mobilization and growth and as such, have a crucial role to play in the all important task of nation-building'. Incidentally, the calls for youth service that presaged this scheme germinated in the very ambience of hostilities. Initially, many youth groups asked for a national youth scheme beginning with provision of relief to the war-damaged and eventually evolving into a permanent agency for national mobilization.²

With the end of the war in sight in 1969, the Committee of Vice Chancellors (presidents of universities) called for the

¹ A. Adeshida, 'The Fading Glory of the NYSC', Vanguard, September, 15, 1997, p. 5.

² 'NYSC, the Bond of Unity, Clocks 25', GbengaOsoba, et al, The Punch, Lagos, May 25, 1998, p. 11.

The NYSC and Health Initiative for Rural Dwellers

institutionalization of a one-year national service scheme for undergraduates after the completion of their first year to “inculcate the spirit of service and patriotism” and to promote national unity.³ This soon became the subject of a major national debate in Nigeria. At the close of the war, as the first head of the NYSC averred, it became “abundantly clear to discerning observers of the Nigerian political scene that to build enduring national unity, Nigerian youths from all ethnic groups (a) ought to be mobilized and put in the forefront of the task of nation building and integration; and (b) patriotism, dedication to the Nigerian nationhood and mutual respect for and understanding of the different ethnic groups and constitute the people of Nigeria”⁴

The military head of state, General Yakubu Gowon, following the cessation of hostilities, announced in a spirit of magnanimity that there was “no victor, no vanquished” in the war, and consequently embarked on a programme captured as the “Three Rs”: Rehabilitation, Reconstruction and Reconciliation. As Iyizoba⁵ describes it, ‘in the interest of fostering national unity, the Nigerian government sought to ease the tensions and animosities among the tribal groups by creating a national unity that would supersede ethnic and tribal loyalties and weaving a spirit of nationalism among groups whose relations were traditionally antagonistic.’ In the context of this, Gowon proposed the establishment of the National Youth Service Scheme.

Since its inception, the NYSC has been committed towards complementing health workers in Nigeria especially in the area of health service delivery, this they carry out through their Community Development Services. They rendered support to the health sectors,

³ National Youth Service Corps: Its Genesis and Formative Years’, by Adebayo Adedeji, in A Compendium of the National Youth Service Corps Scheme: Ten Years of Service to the Nation, p. 32.

⁴The Guardian, ‘Revisiting the NYSC Scheme’, (editorial), September 6, 2002, p. 12.

⁵G. Enegwea and G. Umoden, NYSC: Twenty years of National Service, (Abuja: Gabumo Pub, 1993). 10.

THE NYSC AND NIGERIA'S HEALTH SECTOR

U.A. Lamido

especially in the area of sensitization and campaigns, support during community mobilization and convening of children and youths for vaccination especially the polio vaccination and other related vaccination like the acute flaccid paralysis. In a bid to fulfil its mandate on Health, the NYSC created an initiative which is the Health Initiative for Rural Dweller (HIRD). A programme that aims to provide timely health intervention to the large population of Nigerians in the rural areas. By this the NYSC is not only extending its health mandate to the rural dwellers alone, but also, to the poor at the grassroots level. This study therefore, seeks to examine the NYSC and the health initiative programmes among the rural dwellers.

Conceptual Clarification

This section focuses on the clarification of salient terms that will aid in understanding the work. The concept of health initiative and rural dwellers shall be clarified in this section.

Youth Service: Youth service refers to non-military, engagement of youths in an organised or structured activity that contributes significantly to the local, national, or world community. Youth service is widely regarded and valued by the society, mostly their activities is with minimal or no compensation. Youth service avails the opportunity for youth development, youth voice and reflection. This may take the form of a youth programmes where young people are recruited, offered leadership opportunities, participate in activities that improve the community, and are trained and mentored. The most common age group defined as 'youth' is 15-30 years of age, and in other parlance, 15-40 years of age. The United Nations defines youth as 15-24 years of age. The duration of most youths in service for either their community or their nation depends on the settings they found themselves in. Some communities regard long-range youth service as being from six months

The NYSC and Health Initiative for Rural Dwellers

to two years of service; however, this time range can vary with each country's national youth service policy.⁶

Health Initiative: Health initiatives are humanitarian, organizational or institutional initiative that raise and provide additional funds for infectious diseases such as Aids, Tuberculosis, And Malaria-For Immunization and for strengthening health systems in developing countries. The amount of political priority given to Health Initiatives, especially, global health initiatives varies between national and international governing powers. Though evidence shows that there exists an inequity between resource allocation for initiatives concerning issues such as child immunization, HIV/AIDS, and family planning in comparison to initiatives for high-burden disorders such as malnutrition and pneumonia, the source of this variance is unknown due to lack of systematic research pertaining to this subject.⁷

The amount of attention a given initiative receives is considerably dependent on the power and authority of actors connected to the issue, the power and impact of ideas defining and describing the issue, the power of political contexts framing the environments in which the actors operate to address the issue, as well as the weight and power of issue characteristics indicating the severity of the issue (i.e. statistical indicators, severity metrics, efficacy of proposed interventions, etc.). Factors including objective measurability, scalability of the issue and proposed interventions, ability to track and monitor progress, risk of perceived harm, as well as simplicity and affordability of proposed solutions all contribute to the degree to which a given global initiative is likely to receive political attention.⁸

⁶E.E Okafor, "Youth Unemployment and Implications for Stability of Democracy in Nigeria", *Journal of Sustainable Development in Africa*, 2011, vol. 13(1), p.358-373.

⁷ E.E Okafor, "Youth Unemployment and Implications...

⁸ E.E Okafor, "Youth Unemployment and Implications...

THE NYSC AND NIGERIA'S HEALTH SECTOR

U.A. Lamido

Rural Areas: The terms "rurality" and "rural areas" have an apparent clarity. They are immediately understood by everybody, because they evoke physical, social and cultural concept which is counterpart of "urban". In reality, however, drawing a precise line of demarcation between rural and urban components of a population is very difficult. This is due to the social, cultural, political and economic perspectives through which they are viewed. There is therefore no one universal definition of a rural area.⁹

Faced with the difficulties in the definition of rural areas, census bodies at the national levels, international organizations and scholars in various disciplines have resorted to the use of selected approaches in their definitions. These definitions are, however, also known to have limitations. To overcome the limitations, researchers and international organizations have developed some typologies and indicators in order to better understand the dynamics of rural areas. This is with a view to developing relevant policies for rural areas. More importantly the purpose is to create territorial and rural indicators that can be used to compare sub-national territories.¹⁰

The NYSC and Health Care Delivery: A Historical Note

The NYSC scheme has impressively enhanced the Government's plan of making adequate healthcare available to all Nigerians, especially those residing in the rural communities. One notable area where the NYSC has played a key role is in the supply of qualified health personnel like doctors, pharmacist, veterinary doctors, dentists, nurses and so on. Through its posting policy, the scheme has ensured that each local government area is allocated a minimum of two doctors and other corps health personnel. The resultant effect is that most rural health

⁹ I.A Madu, "The structure and pattern of rurality in Nigeria" *Geo Journal* (2010) 75:175-184 DOI 10.1007/s 10708-009-9282-9

¹⁰ I.A Madu, "The structure and pattern of rurality

The NYSC and Health Initiative for Rural Dwellers

institutions that hitherto suffered dearth of skilled personnel, now enjoy free and dependable services.¹¹

Furthermore, the NYSC through their community development services, the corps members have also helped in propagating preventive healthcare delivery systems. These they do through immunization campaigns, campaigns against Aids and drug abuse. They also pilot projects for improved waste disposal and water purification. These are among the many health promotional endeavours for which many outstanding corps members have been rewarded over the past years.¹²

NYSC Health Initiative for Rural Dwellers

The National Youth Service Corps (NYSC) was established in 1973 with the mandate to raise a class of patriotic, morally and physically disciplined Nigerian Youths who graduated from Universities and Polytechnics to undertake the national service. During the mandatory one year service, corps members live among and within the host communities facilitating unity and integration as well as championing community development by executing projects jointly with the people of their host communities. A major impact of these development programmes is in health care delivery. The NYSC's mandate on health is one of the paramount as they have engaged in various forms of health delivery programmes, sensitization on health issues, awareness and campaigns.¹³ The Health Initiative for Rural Dwellers (HIRD) is one among other programmes designed to provide timely health intervention to the large population of Nigerians in the rural areas. The

¹¹G. Enegwea and G. Umoden, NYSC: Twenty years of National Service, (Abuja: Gabumo Pub, 1993). 163

¹²G. Enegwea and G. Umoden, NYSC: Twenty years of National Service... 164.

¹³ "National Youth Service Corps Health InnitiativeFor Rural Dwellers", https://nysc.gov.ng/downloads/HIRD_PROFILE.pdf, Accessed 19/3/2021.

THE NYSC AND NIGERIA'S HEALTH SECTOR

U.A. Lamido

outcome of this would mean that health care delivery would extend to the poorest in the communities.¹⁴

The Health Initiative for Rural Dwellers (HIRD) is an innovation of the Director-General of the National Youth Service Corps, it conducts outreach to core rural areas, and this is in order to enhance the accessibility of health care services by rural dwellers. This programme engages corps medical personnel in the sensitization of the core rural dwellers on disease prevention, provision of first aid services, monitoring of cases and provision of appropriate referral when necessary. The programme mobilizes volunteer corps medical personnel to the rural dwellers who under normal circumstances will not be able to access medical attention as a result of neglect and remoteness of their location.¹⁵

The rationale behind its establishment are as follows: firstly: The health care facilities provided by government, private and faith based organizations in the country are grossly inadequate to take care of the health needs of the populace. These facilities are either present in name or completely absent in most rural communities. The high mortality rate often associated with rural areas is a product of the abject lack of infrastructures/facilities. Hence the low income status of the populace and the unattractiveness of the area to conventional health workers, makes many of them resort to herbal medication or attribute even mild ailments to external spiritual causes and so lose their lives or become permanently impaired. The scheme has a crop of energetic, skilled volunteer corps medical personnel (medical doctors, pharmacists, nurses, laboratory scientists, physiotherapists, dentists, ophthalmologists, etc) who serve as intervention agents in the all the 774 Local Government Areas of the country. They are disposed to

¹⁴"National Youth Service Corps Health InnitiativeFor Rural Dwellers",
https://nysc.gov.ng/downloads/HIRD_PROFILE.pdf, Accessed 19/3/2021.

¹⁵National Youth Service Corps Health InnitiativeFor Rural Dwellers",
https://nysc.gov.ng/downloads/HIRD_PROFILE.pdf, Accessed 19/3/2021.

The NYSC and Health Initiative for Rural Dwellers

providing correct information and medical palliatives to Nigerians in every nook and cranny of the country if provided with the logistics and medical facilities.¹⁶

The strategies employed by the NYSC in running the programme includes:

- a. Capacity building of Corps medical personnel with the assistance of partners in the health sector (public/private).
- b. Advocacy/need assessment visits to communities to find out their felt health needs and seek for their cooperation.
- c. Outreaches by team of volunteer corps medical personnel to rural communities. These volunteers will be empowered with basic amenities (vehicles, medical facilities, drugs, etc.) to reach out to identified communities at least once a week on a rotational basis.
- d. Monitoring and evaluation of the entire programme implementation.

The HIRD Programme of the NYSC has the following strengths:

- i. NYSC has skilled medical personnel (doctors, nurses, pharmacists, etc.) who are corps members that are available for the programme.
- ii. Corps members are spread throughout the Federation and are ready to carry out the visions of the scheme.
- iii. Corps members have basic intellectual capacity requiring minimum training to pass correct information and give minimum skill to rural people.
- iv. Corps members belong to a centralized organization making Monitoring, Evaluation and feedback process relatively easy

¹⁶Webmaster, “NYSC Flags-Off Health Initiative in Kwara”, *dailytrust.com*, Nov. 14, 2014.

THE NYSC AND NIGERIA'S HEALTH SECTOR

U.A. Lamido

- iv. All the health related disciplines are in the scheme and can be easily mobilized as national response to the issue of healthy living in the rural areas.¹⁷

Activities of the Health Initiative for Rural Dwellers

The Health Initiative for Rural Dwellers was officially flagged-off in Igbo Owu community in Ifelodun Local Government Area of Kwara state on Thursday, 13th November, 2014. The programme which attracted dignitaries from all works of live in Kwara state was flagged off by the then Director General of NYSC, Brig Gen JB Olawumi. The ceremony was witnessed by the representative of the Executive Governor of Kwara State, Honourable Saheed Popoola, Hon. Commissioner for Youth and Sports. Following the flag off of the programme in Kwara state, the HIRD team in the state has carried out four other follow up outreaches to Igbo Owu community. The team attended to the health needs of 527 persons. 520 were treated and some being followed up, while two were referred. Cases investigated include – malaria, hypertension, typhoid, blood sugar level, arthritis, upper respiratory infection, peptic ulcer.¹⁸

National Youth Service Corps in Lagos state, partnered with the Lagos state Ministry for Health, Primary Health Care Board, Omron Healthcare Ltd Nigeria and Ministry of Rural Development to Flag-off Health Initiative for Rural Dwellers on Tuesday 3rd February. 2015. Present at the flagging-off ceremony were Egan Oromi, Itogbesa, Ojota, Ishagira and Ese-Ofin communities under Otto-Awori Local Council Development Area (L.C.D.A.). The outreach programme was held at Ese-Offin community Primary School. Residents of the five communities namely Egan-Oromi, Itogbesa, Ojota, Ishagira and Ese-Ofin communities under Otto-Awori L.C.D.A converged at Ese-offin for

¹⁷Webmaster, "NYSC Flags-Off Health Initiative in Kwara", dailytrust.com, Nov. 14, 2014.

¹⁸ Nation, "NYSC begins Health Initiative for Rural Dwellers in Ogun" ... 2017.

The NYSC and Health Initiative for Rural Dwellers

this exercise. However it is important to note that these communities are located on an island. The only means of transportation to the nearest health care facility which is in the city is via a Canoe/Boat.¹⁹

Kwara and Lagos state are the two states that the activities of HIRD programme first reached. This is just like dropping a pint of oil in an ocean. The health care needs of the less privileged and rural dweller in the country is overwhelming and the NYSC, though has the human resources to reach out to them all, does not have the logistics and material resources. The focus of this programme, however, has been to reach out to as many rural communities in all the states and FCT. In order to promote the quality of life of people, especially the rural dwellers residing in remote communities, by taking health service delivery to their door steps, the programme is also supported by partnership from organizations, for instance, in the area of provision of logistics (Vehicles), consulting equipments and basic drugs (and medical consumables) for the treatment of the following ailments: like malaria, high blood pressure, control of sugar level, eye, ear and throat and anti-biotic etc.²⁰ The below table is a representation of the activities of the HIRD as it affects the rural community.

¹⁹National Youth Service Corps Health InnitiativeFor Rural Dwellers”,
https://nysc.gov.ng/downloads/HIRD_PROFILE.pdf, Accessed 19/3/2021.

²⁰O. Lawal, “Kebbi NYSC Launches Health Initiatives for Rural Dwellers”,
www.sunnewsonline.com, October 12, 2017.

THE NYSC AND NIGERIA'S HEALTH SECTOR

U.A. Lamido

Table 10.1: NYSC HIRD Activities in rural communities

S/N	States	Activities	Remarks
1.	Kwara	The NYSC D.G Brig. Gen. J. Olawumi launched the HIRD, by soliciting support from Kwara State Government and other State Govts over this initiative. ²¹	In Nov. 14, 2014 the Scheme launched the initiative at Igbo Owu, Kwara State.
2.	Kebbi	The NYSC in Kebbi State launched HIRD in Folade village, Argugu L.G.A and gave free medical treatment for about 500 residents. ²²	In October 2017, the Scheme marks the occasion of the HIRD with the support of Kebbi State Govt and the NYSC D.G, Brig. Gen. S. Kazaure
3.	Ogun	The scheme had beneficiaries numbering over 300, which had checks to verify their blood pressure, blood sugar level and eye condition. ²³	The HIRD was flagged-off on 12 th of October 2017 in Ogun State. The D.G then was Brig. Gen. S. Kazaure.
4.	Nasarawa	Over 500 residents of the comty (Gudi) received treatment for Hypertension, Malaria,	In 2020, the HIRD showed sensitivity in delivering health service for over 500

²¹Webmaster, "NYSC Flags-Off Health Initiative in Kwara", dailytrust.com, Nov. 14, 2014.

²²O. Lawal, "Kebbi NYSC Launches Health Initiatives for Rural Dwellers", www.sunnewsonline.com, October 12, 2017.

²³The Nation, "NYSC begins Health Initiative for Rural Dwellers in Ogun" ... 2017.

The NYSC and Health Initiative for Rural Dwellers

		Typhoid, Ulcer, Sugar levels and Hepatitis. ²⁴	rural poor. Brig. Gen. Ibrahim is the current D.G
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Source: Author's Compilation

The table above showed the contribution of the Health Initiative of Rural Dwellers (HIRD) on rural communities. While the initiative was inaugurated in 2015, the D.G Brig. Gen. J. Olawumi, had launched sensitization workshop in Kwara State, a year before its establishment. The scheme has benefited several Nigerians, especially those in core rural community or areas not assessable to health care facilities. This initiative further displayed its readiness to meet public health care need in case of a major disease outbreak in the country.

Impact of HIRD on the Health Care Delivery in the Rural Areas

The Health Initiative for rural dwellers has impacted the rural communities positively, even though the scope was narrow from its inception, they have been able to widen their scope to include other rural communities whom were hitherto not in the scope of HIRD. HIRD has been able to make some viable input in the health structure and development in rural communities. The HIRD has been able to provide health assistance to these rural communities. Sensitization and awareness was also carried out to ensure that there is adequate provision of health in the communities. Also, specialist in the medical field (majorly corps members) including medical doctors, Nurses, pharmacist were posted to these various rural communities and they have been very helpful to health awareness creation in these rural communities and have complemented the efforts of the already stationed medical personnel that are on ground in these communities.

²⁴O. Babalola, "NYSC Medical Team Treats 500 Rural Dwellers in Nasarawa State", www.nnn.ng, January 20, 2020.

THE NYSC AND NIGERIA'S HEALTH SECTOR

U.A. Lamido

Conclusion

The importance given to the health sector by the NYSC is worthy to be mentioned. Since its establishment, the issue of healthy living of people especially as it relates to the aspect of its community development service. The NYSC HIV/AIDS vanguards over the years have carried out serious sensitization and campaign against the spread of HIV AIDS. Their activities came to the limelight when they began to collaborate with UNICEF to carry out sensitization in communities, training of educators and the carrying out of school awareness on HIV Aids, its spread and control in community secondary schools in most rural communities. The coming of the HIRD in 2014 is a further step by the NYSC to engage rural communities and the rural dwellers on the importance of healthy living in their various communities.

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THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

11

An Analysis NYSC and Free Medical Care in Nigeria

Itodo, Unekwu Friday

Introduction

Nigeria's health care system faces notable challenges; poor healthcare infrastructures, lack or inadequate funding, and poor policymaking and implementation which leads to underinvestment in the healthcare system. These challenges among others in the Nigerian healthcare system contribute to failure in the healthcare system.¹ Free Medical Care Programme has been a limited thing in Nigeria especially in the

¹Akunne, Okonta, Ukwe, M. O, M.J, C.V "Satisfaction of Nigerian patients with health services: a protocol for systematic review" (November 2019).

An Analysis NYSC and Free Medical Care in Nigeria

rural area where these services are in dire need. Free Medical Care Programme is often initiated, targeting at those vulnerable groups in the society which includes children less than 6 years, adults over 60 years, pregnant women requiring Caesarian Section, emergencies within 24 hours, inmates of Old people home, Remand home and Motherless babies home as well as retired orthodox clergymen and their wives, members of the Nigerian Legion and wives of fallen Soldiers.

In other climes, Free Medical Care Programme also foots the bills of patients approved for overseas medical treatment. All categories of diseases are catered for as long as able and capable hands and facilities are available. These services are needed in Nigeria because of the incessant strikes of medical staff in government hospitals and high fees charged by Private Hospitals, to continue Medical Care for patients during a period of crisis. Although, healthcare intervention programme, especially the non-governmental organisation is coming up to extend medical outreach to offer special medical treatments at no cost to indigent people of the area suffering one ailment or the other. Medical volunteers ensure that all people who attend their programme get a hygiene care package, which will include nutrition gift packs. Tests are conducted and the experts see the patients and give out drugs to those diagnosed with any ailment.

The volunteer Corps members provide free drugs and medical services to poor elderly men and women who are either diabetic or hypertensive or both every month. With these free monthly drugs, the poor elderly people with hypertension and diabetes will be able to leave a quality life. In Nigeria, many elderly poor people who are either diabetic or hypertensive have no access to their basic drugs and healthcare services. Most of them are pensioners who have not received their pension in months they cannot afford the drugs when it is available. Hence some have developed complications from these

THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

diseases, while some have died from the resultant effects of these diseases. Corps members have come in to solve the problem by providing free hypertensive and diabetic drugs to these poor elderly men and women. They are also provided with free medical services such as regular clinical evaluations in the organization Health facilities.

Conceptual Clarification

Medical Care

The term medical comes from Latin *medicus*, *physician*, from *medērī*, *to heal*.² from Latin *medicus* physician, surgeon, from *medērī* to heal.³ It is of or relating to the science or practice of medicine; about or requiring treatment by other than surgical means;⁴ about or indicating the state of one's health.⁵ The term care on the other hand is a concerned or troubled state of mind, as that arising from serious responsibility; worry; Close attention, as in doing something well or avoiding harm;⁶ or painstaking or watchful attention or responsibility for or attention to health, well-being, and safety.⁷ It refers to the function of watching, guarding, or overseeing. It is the process of protecting someone or something and providing what that person or thing needs.⁸

So, medical care is the preservation of mental and physical health by preventing or treating illness through services offered by the health profession. Care, tending, attention, aid –the work of providing

²American Heritage. Dictionary of the English Language, Fifth Edition. Houghton Mifflin Harcourt Publishing Company. 2016

³Collins English Dictionary – Complete and Unabridged, 12th Edition 2014. HarperCollins Publishers. 2014

⁴www.dictionary.com/browse/medical

⁵Random House Kernerman Webster's College Dictionary, K Dictionaries Ltd. Copyright Random House, Inc. 2010

⁶www.thefreedictionary.com/Care

⁷www.merriam-webster.com/dictionary/care

⁸dictionary.cambridge.org/dictionary/english/care

An Analysis NYSC and Free Medical Care in Nigeria

treatment for or attending to someone or something; It is also meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services.⁹ An examination of a person's body by a doctor to discover if that person is healthy, sometimes done before a person can be accepted for a particular job.¹⁰ of relating to medicine, or for the treatment of disease or injury, an examination done by a doctor to check someone's health.¹¹

Medical Care is the preservation of mental and physical health by preventing or treating illnesses through services offered by the health profession and its staff. Health care includes all reasonable and necessary medical aid, medical examinations, medical treatments, medical diagnoses, medical evaluations, and medical services. The right to health care is considered one of the human rights with international human rights law as well as social security.¹² Efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals —usually hyphenated when used attributively.¹³ It can also be seen as the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services

⁹world health organisation. Primary health care.2019 www.who.int/news-room/fact-sheets/detail/primary-health-care

¹⁰*Definition of medical from the Cambridge Advanced Learner's Dictionary & Thesaurus © Cambridge University Press) dictionary.cambridge.org/us/dictionary/english/medical*

¹¹*Definition of medical from the Cambridge Academic Content Dictionary © Cambridge University Press)*

¹²[wikipedia.org/wiki/Health_care](https://en.wikipedia.org/wiki/Health_care)

¹³www.merriam-webster.com/dictionary/health%20care

THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

offered by the medical and allied health professions.¹⁴ Any field or enterprise concerned with supplying services, equipment, information, etc., for the maintenance or restoration of health.¹⁵ The ongoing work adopts the definition of the Medical Dictionary. According to the dictionary, medical care is simply The use of medical skills to benefit a patient.¹⁶ The services rendered by members of the health professions for the benefit of a patient includes:

Primary care

1. Services provided by a health care agency that permit a primary caregiver temporary relief from caring for an ill individual.
2. An intervention defined as the provision of short-term care to provide relief for a family caregiver
3. Restorative care the level of care that consists of follow-up care and rehabilitation to an optimal functional level.

Secondary care: treatment by specialists to whom a patient has been referred by primary care facilities.

Tertiary care: the level of care that consists of complex procedures given in a health care center that has highly trained specialists and often advanced technology.¹⁷

In this case, the members of the National Youth's Service Corps perform the primary care. These include: services provided by a health care agency that permit a primary caregiver temporary relief from caring for an ill individual, the provision of short-term care to provide relief for an individual or family and restorative care the level of care that

¹⁴American Heritage® Dictionary of the English Language, Fifth Edition. Copyright © 2016 by Houghton Mifflin Harcourt Publishing Company. Published by Houghton Mifflin Harcourt Publishing Company

¹⁵Random House Kernerman Webster's College Dictionary, © 2010 K Dictionaries Ltd. Copyright 2005, 1997, 1991 by Random House, Inc.

¹⁶Medical Dictionary, © 2009 Farlex and Partners

¹⁷Segen's Medical Dictionary. Farlex, Inc. 2012.

An Analysis NYSC and Free Medical Care in Nigeria

consists of follow-up care and rehabilitation to an optimal functional level.

The National Youths Service Corps and Free Medical Care in Nigeria

NYSC Community Development Service (CDS) is one of the four (4) Cardinal Programmes of NYSC in which Corps members contribute positively to the development of their host communities throughout the period of national service. It is a year-round affair and through the programme members of the Service Corps work with the local communities to promote self-reliance by systematically prospecting and executing development projects and programme which impact positively on the socio-economic development of the host communities.

Over the years, NYSC Community Development Service (CDS) has been faced with numerous challenges arising mainly from poor perception and a dearth of knowledge of the Corps members on the objectives of CDS. This structured guide of Community Development Service is therefore made to give Corps Members explicit insight into what the programme is all about and how to successfully participate in the programme.

Community Development Service (CDS) is the third programme of a corp member's National service year only after Orientation course and Primary Assignment (PA). NYSC Community Development Service (CDS) is often referred to as secondary assignment and is compulsory for every Corps member (group CDS). It is aimed at correcting the imbalance in the nation's rural-urban development through the various community development programmes executed by Corps members. These programmes have helped tremendously our communities in the areas of education, health care delivery, agriculture, communication, infrastructure, technology, economic empowerment, poverty eradication, social services,

THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

medical care and above all national consciousness and socio-cultural regeneration.¹⁸

The national youth service Corps medical CDS has really impacted on the lives of the old, children and the deprived in the rural areas of the country. The medical CDSs includes:

Reproductive Health Group

Purpose

- To train and mentor Students
- To mobilize and strengthen community-based responses

Medical and Health Services Group (Breast Without Spot, Polio Plus, etc.)

Purpose

- Promotion and provision of Medical Services

Activities

- Health outreach
- First Aid administration.
- Establishment of Community based clinic
- Setting up of clinic for the NYSC Secretariat.¹⁹

Red Cross CDS

The Nigerian Red Cross Society (NRCS) was established through an Act of the Parliament in 1960. The Act, referred to as the Nigerian Red Cross Act of 1960, CAP 324 states in Section 5 (1) that 'the Society shall be recognised by the Government of the Federation as a Voluntary Aid Society, auxiliary to the public authorities...' This shows that the organisation is a creation of the Federal Government of Nigeria and

¹⁸CDS REVIEW: NYSC Community Development Service (CDS). 2019.

nyscblog.com/all-you-need-to-know-about-nysc-community-development-service-cds/

¹⁹10 best nysc CDS group to join as a corper. nyscinfo.com/best-nysc-cds-groups-to-join-as-a-Corps-member/

An Analysis NYSC and Free Medical Care in Nigeria

statutorily meant to complement public authorities in the area of humanitarian interventions. The mandate of Red Cross is derived from the aforementioned Act of Parliament and the Geneva Conventions of which Nigeria is a state party.²⁰

To effectively carry out their function, the Nigerian Red Cross society, in collaboration with the national youth service Corps, formed the Red cross CDS group. The Nigerian Red Cross sends highly qualified staff to the three weeks mandatory NYSC training. There, its staff teach the newly inducted Corps members first aids and tips on emergency response. This is because the Nigerians Red Cross believes first aid is a humanitarian act that should be accessible to all.²¹ After the three weeks programme in the camp, members of the group in the camp also meet once in a week and continue their training, and once qualified, they are sent out to give first aids treatment on emergence cases or to sensitise people on the need to have first aids boxes nearby. Their activities over the years have help curb a lot of health issues.

HIV and AIDS

The CDS motivate all adults to get tested for HIV and know their status. The campaign delivers the message that HIV testing should be a part of everyone's regular health routine and that, resources are available in all hospitals. They motivate carriers not to be discourage about life and all is not yet lost. The CDS also sensitise carriers and shows how people with HIV have been successful getting in care and staying on treatment. It focuses on helping people with HIV stay healthy and live longer, healthier lives.

The CDS highlights the role that each person plays in stopping HIV stigma and gives voice to people living with HIV, as well as their friends

²⁰ The Nigerian red cross society. Who we are. 2020. www.redcrossnigeria.org

²¹ The Nigerian red cross society. Who we are.....

THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

and family. Campaign participants share their stories and call on everyone to work together to stop HIV.

They also sensitise people on available resources and partnerships aimed at stopping HIV stigma and promoting HIV testing, prevention, and treatment. They also visit and seeks to increase HIV testing in in the country facilities by encouraging all healthcare providers, especially those in primary care, homeless programmes, and substance-use treatment clinics, to offer routine HIV testing to all patients in order to diagnose HIV infection at the earliest possible stage.

These CDS group members task each other a certain amount of money after the end of every month and then set aside dates that the group visit hospitals, charity homes, and correctional facilities to present items bought by the money donated by the Corps members to alleviate their sufferings. Sometimes, their donations are boosted further by good Samaritans living in the host community or faith-based organisation.²²

Aside the CDS groups, the NYSC also partnered with organisations to help resolve health crisis. Example of such partnership is that with The National Primary Healthcare Development Agency (NPHDA) whose mission is to provide leadership that supports the promotion and implementation of high quality and sustainable primary health care for all through resource mobilization, partnerships, collaboration, development of community based systems and functional infrastructure.²³ They found a worthy partner in the NYSC and birthed NYSC/NPHDA partnership on Combating Ebola Virus Disease (NYSC

²² Awajis. NYSC Community Development Service. November 18, 2020.
awajis.com/community-development-service-cds/

²³ The National Primary Healthcare Development Agency (NPHDA) NPHDA. 2014.
www.nphcda.gov.ng

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COMEVID). This involves sensitisation/campaigns on the Ebola Virus Disease (EVD) across the country.

The NYSC also created Health Initiative for Rural Dwellers (HIRD). A programme initiated by the Director-General. In 2014, the National Youth Service Corps (NYSC) established the free healthcare delivery for the aged and less-privileged persons in rural communities called the Health Initiative for Rural Dwellers (HIRD). The idea of bringing free health care to the grassroots was necessitated by the lack of access to quality health care in rural communities. The HIRD programme mobilizes medical volunteers in providing health care through diagnostic, therapeutic, referral, and appropriate preventive measures. It was hoped that it would help enhance the general well-being of rural communities in Nigeria. In the words of the then Director-General of NYSC, Brig.-Gen. Suleiman Kazaure:

The HIRD is another community-based programme designed among other things to support the various state governments in the drive toward the provision of healthcare for all. As managers of the scheme, we are fully prepared to leverage the well-spread abundant human resource at our disposal to improve the quality of life of our people. Our team of experienced medical personnel are sure of giving you standard medical services for your general well-being; so feel free to engage them. Our confidence in the success of the programme lies in our partners and stakeholders who are either assisting us with personnel or providing support with drugs and medical equipment. I hope that our efforts in enhancing the quality of life of our people

THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

through this programme will endure and be improved upon over the years.”²⁴

The initiative has maintained its goals and had a profound impact on needy communities in Nigeria.

Aside the CDS and partnership entered by the NYSC, some Corps members have taken it upon themselves to provide free medical care to their community of primary assignment. In Osogbo for instance, a Corps member named, Dr. Dakum Benji, serving in Olorunda Local Government Area of Osun, provided free health services to hundreds of people, including women and children in the community. Benji said on Monday that it was part of his community development services to improve the health care delivery in the community.

According to him as quoted by the vanguard news, the programme included the distribution of 20 first aid boxes equipped with drugs to selected schools, mosques, churches, motor parks, and markets in the area. Benji, supported by a team of medical doctors in the Corps, offered free consultation and treatment to more than 1,000 men and women in the programme. Vanguard stated that, drugs were distributed freely to patients who had one ailment or the other while medical advice was given to many who were diagnosed by the doctors. Benji charged the government at all levels to ensure that Nigerian citizens were given access to affordable health care while advising Nigerians not to play with their health. He called on the government and well-meaning Nigerians to make funds available to Corps members who executed projects beneficial to the masses.²⁵

²⁴News Agency of Nigeria. NYSC commences health initiative for rural dwellers in Ogun. 2017. www.today.ng/news/nigeria/nysc-commences-health-initiative-rural-dwellers-ogun-21969

²⁵Vanguard news. Corps member provides free health care to community. 2011. www.vanguardngr.com/2011/05/Corps-member-provides-free-healthcare-to-community/

An Analysis NYSC and Free Medical Care in Nigeria

Also in Ogun state, a 2009 Batch B Corps member, Miss Ogechukwu Mama put smiles in the faces of people of Achievers Community, Idi-Agbalumo, in Ota Local Govt Area of Ogun State, after embarking on a three-day free dental care in the area. The Corps member said her action was part of her efforts to impact the lives of her host community and as my Community Development Service, CDS. She further stated that she was motivated to give dental care to the people because, she has been a victim of toothache and tooth decay and therefore, understood the pains people in a similar situation were passing through.

According to her as quoted by Nnamdi Ojeigo:

I chose dental because since my childhood I have been having dental problems which were more or less caused by poor oral hygiene, ignorance, and negligence. I have removed two of my teeth in the past year. I decided to focus on rural people because I found out that many of them have been suffering from toothache for a very long due to negligence or lack of money. Many of them don't have money to go for medical care. Some don't even have access to medical facilities. So, I want to assist them, I want to help ameliorate their pains.²⁶

She revealed that she had planned to include free eye treatment but for the paucity of funds, which was her major challenge, it was jettisoned. Mama went to some nursery and primary schools in the area to educate the pupils on the need to maintain oral and physical hygiene such as brushing twice a day, bathing regularly, and keeping their environment

²⁶NnamdiOjeigo. Corps member offers free health service to community. 2011. www.vanguardngr.com/2011/06/Corps-member-offers-free-health-services-to-community/

THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

neat always, amongst others, and distributed toothbrushes and toothpaste to the students.

Conclusion

The national youth service Corps programme was established to obliterate the horrors and memories of the tragic event in the nation's history (the Nigeria-Biafra war). It was established for reconstruction, reconciliation, and rebuilding the country after the Nigerian civil war. The tragic event in the history of the country gave impetus to the establishment of the National Youth Service Corps with the proclamation No. 24 of May 22, 1973, stating that the NYSC was established "to promote and enhance equitable relations among Nigerian youth and promoting national unity". However, many years after the establishment of the body, it has achieved more than "to promote and enhance equitable relations among Nigerian youth and promoting national unity". The above has clearly shown that the national youth service Corps has been a major free medical care provider in the country. These free health care medical services are provided by the NYSC CDS groups, partnership with other government organisations and non-governmental organisation, and voluntary humanitarian free health care services provided by individual Corps members.

An Analysis NYSC and Free Medical Care in Nigeria

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THE NYSC AND NIGERIA'S HEALTH SECTOR

Itodo, Unekwu Friday

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THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

12

NYSC and Free Medical Health Care Delivery in Nigeria

Aondoahemen Edward Adamgbe

Introduction

Health constitutes an important determinant of development and the welfare of an individual and entire society. It is against this background that, the United Nations (UN) made healthcare provision one of the cardinal objectives of the Sustainable Development Goals (SDGs). The World Health Organization (WHO) considers health as transcending the mere absence of sickness or infirmity. The world health body reckons good health as a state of complete physical, mental and social wellbeing.

NYSC and Free Medical Health Care Delivery in Nigeria

This of course explains why the provision of quality healthcare facilities and services is entrenched in the constitution of most countries across the world. In Nigeria too, health care provision forms one of the fundamental objectives of the government hence it can be considered as both a basic right and a prerequisite for rapid economic development and poverty reduction¹

Although medical healthcare delivery is an important aspect of all human societies throughout history, it needs to be pointed out that there are variations in the organization, level of advancement and efficiency of health care delivery among nations. In Nigeria, both belief – based and traditional medical practice had been in existence before the arrival of Christian missionaries with modern medical care. The Christian missionaries along side British colonialism significantly tilted the health care sector towards modern orthodox sector with increasing awareness about the causes of diseases. In this regard, hospitals, primary health care delivery centres were established. In the same vein, medical practitioners including doctors, nurses, midwives, pharmacists and laboratory technicians were trained to take care of the medical needs of the people.

With rapidly expanding populations, acceleration of lifestyle diseases and, as more people began to realise that disease conditions were neither curses nor afflictions from the gods but situations that could be addressed with modern medicine, the Nigerian healthcare sector started becoming overwhelmed. Consequently, the sector became be deviled by infrastructural deficit and manpower shortage as well as other institutional challenges. The World Health Organisation

¹SakiruOlarotimiRaji, Multiple Sources of Healthcare Delivery System and the Formal Recognized State Healthcare: The Bane of Nigeria Healthcare Development, Prim Health Care 8: 315. doi: 10.4172/2167-1079.1000315
Accessed on 20/03/2021

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

(WHO)also suggests that Nigeria has one of the largest stocks of human resources for health (HRH) in Africa but, like the other 57 HRH crisis countries, has densities of nurses, midwives and doctors that are still too low to effectively deliver essential health services (1.95 per 1,000). The patient-to-doctor ratio in Nigeria is 2500:1, more than four times higher than the WHO'S recommendation of 600:1. Given this gap and current demography, the country needs up to 10 times its current number of, according to comments made by the president of the Nigerian Medical Association (NMA). In recent years, migration to foreign countries has declined, and the primary challenge for Nigeria is inadequate production and inequitable distribution of health workers, the WHO reports. The health workforce is concentrated in urban tertiary health care services delivery in the southern part of the country, particularly in Lagos.²

It merits mentioning also that the World Health Organisation (WHO) observed a high reliance on out-of-pocket (OOP) health payments as a means of financing health system in Nigeria and that this has continued for many years in spite of a consensus to move closer to Universal Health Coverage (UHC) and sustain it when achieved. According to a report by Fitch Solutions, healthcare expenditure in Nigeria is predicted to reach NGN5,762.061 billion by 2021 growing at a CAGR of 8.35% Y.O.Y. This is up from an estimated NGN 5,318.061billion in 2020. By 2021, healthcare spending is estimated to make up 2.94% of the country's GDP. While the government is expected to spend NGN 1,477.77 billion by 2021, the private sector will spend NGN 4,284.469billion in the same period. This is up from NGN 1,190.71 billion and NGN 3,709.120 billion respectively in2019.³

² Informa Market, Healthcare Market Insights: NIGERIA, A Publication of Medic West Africa, 2019

³ "A Closer Look at the Health Care Sector in Nigeria", Available @ info@pharmacess.orgAccessed on 21/03/2021

NYSC and Free Medical Health Care Delivery in Nigeria

It is against this backdrop that the provision of free medical health care can be appreciated. Thus the National Youth Service Corps (NYSC) which was established in 1973 with the mandate to raise a class of patriotic, morally and physically disciplined Nigerian Youths who graduated from Universities and Polytechnics to undertake the national service have become more involved in the provision of free medical health care. Against this background, this chapter discusses the contributions of the NYSC to free medical health care delivery in Nigeria. It is understood that during the mandatory one year service, corps members live among and within the host communities facilitating unity and integration as well as championing community development by executing projects jointly with the people of their host communities. However, this chapter focuses on free health care delivery by the NYSC within the context of how this is undertaken, its impact and the challenges involved.

An Overview of Medical Health of Care Delivery in Nigeria

Although belief – based and traditional medical practice had been widely practiced within the space now referred to as Nigeria, medical health care service in Nigeria today is to a large extent based on modern or orthodox healthcare delivery which may be termed as more coherent in terms of organization and procedure. In terms of organization, the national healthcare system in Nigeria can be described as being based on a three-tier structure. These tiers can be referred to as primary, secondary and tertiary tiers of health care. The Local government councils are responsible for the Primary healthcare which ought to be the management of local dispensaries, environment sanitation/protection and routine immunization etc. The State Governments are supposed to be responsible for secondary healthcare system i.e. the General Hospitals, Health Centres and similar healthcare delivery systems while the Federal Government is expected to concentrate its efforts on the tertiary and apex referral institutions such

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

as the National Hospital, the Specialist/Teaching Hospitals and the interventionist Federal Medical Centers.

When Nigeria attained independence in 1960, the missionaries had established many hospitals, dispensaries and maternity centers in different parts of the country. However, this emerging orthodox or modern healthcare system had to contend with the tradition and cultural practices of the people. Hence, there was low patronage of these western medical services, and as such this led to the gross underutilization of the healthcare facilities. In 1962, the First National Development Plan was established by the Nigerian government to cover a period of six years (1962-1968). Specifically on health, the National Plan focused on accessibility of healthcare by providing hospitals in all major cities of Nigeria.⁴ However, the country would soon degenerate into crises as the bloody 1966 was soon followed up by the civil war which stretched from 1967 - 1970. As a result of these crises the first post-independence National Development Plan had to be replaced by one which tackled the emerging challenges.

A second National Development Plan therefore had to be crafted between 1970 and 1974 with the cardinal objective of providing quality and equal healthcare to all citizens. However, this policy was not properly implemented as only 25% of the Nigerian population had access to quality health care. In the 1970s, after the civil war, Nigeria experienced its oil boom which coincided with the rapid expansion of healthcare facilities. Nevertheless, this period experienced an increase in infant and childhood mortality to underscore the notion that the health policy lacked proper implementation. Consequently, the Third National Development plan was introduced in 1975. This third plan was

⁴Iroju Opeyemi Anthony "Understanding the Nigerian Healthcare Delivery System: A Paradox of Preventive Medicine Since the Colonial Epoch" *International Journal of Tropical Disease & Health*, 34(3): 1-9, 2018; Article no.IJTDH.46702, ISSN: 2278-1005, NLM ID: 101632866

NYSC and Free Medical Health Care Delivery in Nigeria

based on the Basic Health Services Scheme with the aim of increasing the proportion of the population accessing health services from 25% to 40%; to provide an even distribution of health infrastructure in the country especially between the rural and urban areas and between preventive and curative care; to provide infrastructure for all preventive health services such as the control of communicable diseases, family health, environmental health, and nutrition; to establish the school of health technology and to introduce a new cadre of healthcare workers among others.⁵

In spite of the laudable objectives of the Third Development Plan, these objectives of this plan were not achieved as less than 30% of the Nigeria population had access to modern healthcare in 1985. The Structural Adjustment Program (SAP) was introduced in Nigeria in 1986 and lasted for four years. This era marked the beginning of the rapid decline in the Nigeria healthcare service delivery system. This period was characterized by an astronomical rise in the cost of healthcare in government hospitals; this indisputably led to an increase in mortality rate. Consequently, there was an explosion in the establishment of private hospitals and clinics whose healthcare cost was not affordable by most Nigeria populace. The primary, secondary and tertiary healthcare system was introduced during the post-independence period. In 1995, Nigeria was divided into six geo-political zones. The Nigeria healthcare delivery system benefited from this process because it facilitated the implementation of primary healthcare at the six geo-political zones. The introduction of Information and Communication

⁵Iroju Opeyemi Anthony "Understanding the Nigerian Healthcare Delivery System: A Paradox of Preventive Medicine Since the Colonial Epoch" *International Journal of Tropical Disease & Health*, 34(3): 1-9, 2018; Article no.IJTDH.46702, ISSN: 2278-1005, NLM ID: 101632866

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

Technology (ICT) tools in Nigeria healthcare delivery system in the late 1990s also changed the face of the healthcare delivery⁶

The Federal Ministry of Health (FMH) has the responsibility to develop policies, strategies, guidelines, plans and programmes that provide the overall direction for the National Health Care Delivery System. Local Government Councils. As at 2014, healthcare services were delivered at over 34,000 health centres included on the FMH's master facility list, two-thirds of which were publicly administered; private firms ran the other third. Of the total, 88% were primary facilities, 11.6% offered secondary services and 0.25% engaged in tertiary care. The National Health Act (NHA) of 2014 established a legal framework for the development, regulation and management of a national health system and set standards for service provision. The latest version of the National Health Policy (NHP), which was approved in February 2017, fuses with the NHA in an effort to fulfil the UN's SDGs, particularly on Universal Healthcare Coverage. In this regard, the contribution of the private sector to the Nigerian healthcare industry is increasing. With rising levels of disposable income among some segments of society and the limited supply of public hospitals that are overstretched and under-funded, there is greater demand for private coverage.⁷

⁶IrojuOpeyemi Anthony "Understanding the Nigerian Healthcare Delivery System: A Paradox of Preventive Medicine Since the Colonial Epoch" *International Journal of Tropical Disease & Health*, 34(3): 1-9, 2018; Article no.IJTDH.46702, ISSN: 2278-1005, NLM ID: 101632866

⁷"A Closer Look at the Health Care Sector in Nigeria", Available @ info@pharmacaccess.org Accessed on 21/03/2021

NYSC and Free Medical Health Care Delivery in Nigeria

Levels of Health Care in Nigeria and Responsibilities

LEVEL	SECTOR	TOTAL NO. OF UNITS	TYPE OF HEALTH CARE UNIT
Tertiary Care	Public: 85%, Private: 9%, FB: 4%	47	Teaching Hospitals
Secondary Care	Public: 32%, Private: 28%, FB: 4%	3,768	District Hospital, comprehensive Health center and Specialist and General Hospitals
Primary Care	Public: 79%, Private: 10%, FB: 1%	29,854	Dispensary &Health posts (30%), Health Centers(44%), Clinics (26%)

- FB = Faith - Based

Source: info@pharmacces.org Accessed on 21/03/2021

Although there are concessions from this source that some health care institutions were not counted in the computation above, the data gives insights into the nature and ratio of responsibilities ascribed to the tiers of government regarding medical health care provision in Nigeria. From the presentations above, it can be discerned that the local government councils have the highest number of health care units and these are the closest to the people. In spite of this structural organization of the medical health care system in Nigeria much of the revenue accruing to

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

the local government councils from the federation account does not get to the councils. This and a combination of other factors have hindered the development of the Nigerian healthcare system especially at the primary level. Some of the notable challenges in this regard include, a high communicable diseases burden, rising incidence of non-communicable diseases, elevated rates of infant and maternal mortality and mass illiteracy. Indeed, the local government tier is the least funded and organised level of government and therefore has not been able to properly finance and organise primary healthcare, creating a very weak base for the healthcare system.⁸ Thus, most of the dispensaries and health centers hitherto managed by the Native Authorities in the 1960s and local authorities in the 1970s are non-functional. As at 2019, reports suggested that less than 10% of the primary health care centres were functional. This is to say that the first point of call for medical attention and the closest tier of health care delivery for the people has collapsed.

Arising from the collapse of primary health care delivery across the country, medical conditions that could have been addressed at the primary health care level are passed on to the higher tiers which should ideally be handling special and more complicated or referral cases. This also places enormous burden on the secondary and tertiary medical healthcare service providers. In some cases, the patients who should have been attended to at the primary health care level cannot afford the services of the secondary and tertiary tiers of medical healthcare provision and resort to substandard options more so as the charges demanded by private health care service providers are quite exorbitant. In its bid to curb this trend, the federal government of Nigeria decided to establish the Primary Healthcare Development Agency (NPHCDA) to handle immunization and other primary healthcare needs in the

⁸ Pharm Access, Nigerian Health Sector Market Study Report, Embassy of the Kingdom of the Netherlands in Nigeria, March 2015

NYSC and Free Medical Health Care Delivery in Nigeria

country and take some of the burden off the shoulders of the local government councils.

Even the state governments across the country have not been able to manage health care effectively. Many general hospitals under this tier of government are without doctors and the required equipment and supplies. This means that the responsibility here is also shifted to the tertiary healthcare provider. Apart from the migration of medical personnel to places outside the country due to better working conditions, medical health workers often prefer the urban areas hence, most rural areas are left without the needed medical health personnel. This essentially due the lack of basic infrastructure in the areas outside the state capitals and more, recently the threat posed by armed bandits in many rural areas. Even where the doctors are willing the to stay in the rural areas, the needed equipment and medical supplies as well as electric power supply pose as serious challenges. Whereas the WHO recommends one Doctor for every 600 patients, the situation in Nigeria trails far behind such that there is just one Doctor for every 3,500 patients, in a country with terribly low poverty rates and increasingly high health concerns.

This is not to say that migration of medical professionals overseas is not a challenge. As of July 2017, the General Medical Council (GMC) in the United Kingdom indicated that over 4,765 Nigerian doctors are working in the UK which represented 1.7 per cent of the total of the UK's medical workforce. Indeed, about 40,000 out of the 75,000 registered Nigerian medical doctors are practicing outside the country. Also, 100 doctors resigned from the University College Hospital (UCH), Ibadan in 2017. In 2018 and 2019, a total of 800 doctors resigned from hospitals owned by the Lagos State Government. This points to the poor condition of the working environment. This is further buttressed by the fact that in 2012, more than 1,000 doctors wrote the West Africa College of

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

Physicians exams to gain admission into Nigerian teaching hospitals, but in 2017 only 236 doctors sat for the same exam.⁹

Most of the Nigerian doctors working abroad were trained here in Nigeria. In 2014, a total of 3204 provisional medical certificates and 190 provisional dental certificates were issued by the Medical and Dental Council of Nigeria. Of the provisional certificates, 537 (16.8%) were granted to foreign medical graduates and 9 (4.7%) to foreign dental graduates.¹⁰ However, migration to foreign countries has declined recent years, and the primary challenge for Nigeria is inadequate production and inequitable distribution of health workers. For instance, WHO reports that the health workforce in Nigeria is concentrated in urban tertiary health care services delivery in the southern part of the country, particularly in Lagos while other places in the north and rural areas are completely empty.

The foregoing demonstrates that the healthcare system in Nigeria has been evolving steadily since the country's independence in 1960. For instance, a number of healthcare reforms have been implemented with the aim of tackling the country's public health challenges. These include the National Health Insurance Scheme (NHIS), the National Immunisation Coverage Scheme (NICS), Midwives Service Scheme (MSS), Nigerian Pay for Performance Scheme (P4P). The NHIS which was launched in 2005, is a combination of both compulsory and voluntary contributory health insurance schemes targeted at formal sector workers as well as informal sector workers. It aims to ensure access to quality health care services, provide financial risk protection, reduce the rising cost of healthcare services and ensure efficiency in

⁹ PharmAccess, Nigerian Health SectorMarket Study ReportEmbassy of the Kingdom of the Netherlands in Nigeria, March 2015

¹⁰ Surgical workforce in Nigeria Stock and flow of medical and dental Practitioners in Nigeria, with special Focus on health workforce training in Cross river state African Centre For Global Health and Social Transformation, December 2015

NYSC and Free Medical Health Care Delivery in Nigeria

healthcare. These efforts notwithstanding, over 90% of the Nigerian population is living without health insurance coverage. Moreover, many Nigerians are not employed in the formal sector hence they cannot be covered by the nature of the health insurance scheme introduced by the government.

According to UNICEF¹¹, Nigeria's mortality rates for women and children are among the world's highest. The health body notes that the ratio of 576 maternal deaths per 100,000 live births has not improved over the last decade. Most of these deaths occur in northern Nigeria where health indices are poorer. Nigeria also has the world's second highest number of deaths in children under five, losing around 2,700 every day from a ratio of 120 per 1,000 in 2016, although it has declined since 2003 down from more than 200 per 1,000. Only one out of three babies is delivered in a health facility. The poorest among Nigeria's population continue to be most in peril, whatever their age. While there have been drops of 31 per cent and 26 per cent in under-five and infant mortality rates, respectively, over the last 15 years, the decline in deaths of newborns over the same period is just 20 per cent highlighting an urgent need to scale up interventions targeting the youngest in the country.

It has also been observed by UNICEF that the uptake of routine immunization in Nigeria remains poor and full immunization coverage has failed to gain traction as only one in four children are fully vaccinated. The situation for rural children causes greatest concern – only 16 per cent are fully immunized, compared to 40 per cent of children in urban areas. Measles vaccination coverage has now fallen below 50 per cent. Despite making significant progress in the eradication of polio, which led to Nigeria being declared polio-free in 2015, insurgency in the northeast and the resultant insecurity is

¹¹www.unicef.org/Nigeria Accessed on 21/03/2021

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

beginning to reverse these gains: four new cases of wild poliovirus (WPV) re-emerged in Borno State in August 2016.

Nigeria has 190,950 HIV/AIDS infections per year, the second highest rate in the world. The country therefore has the world's second highest burden of HIV/AIDS, with an estimated three million people living with HIV (PLHIV) and 190,950 new infections recorded in 2015. Nigeria's HIV epidemic is generalized, with extensive regional variations in prevalence. The opportunities for children to access diagnosis and care is limited. Approximately 260,000 children aged 0-14 years were living with HIV in Nigeria in 2015, with 41,000 new infections occurring among children, and only 17 per cent of children living with HIV having access to antiretroviral therapy (ART). Three huge gaps can therefore be observed in Nigeria's health care system - shortage of manpower, inadequate medical infrastructure/supply and the inability of the average Nigerian to afford medical care. Let us therefore discuss the establishment of the NYSC and its objectives especially as they fall within the framework of free medical health care delivery.

Three gaps can therefore be observed in the system - shortage of manpower, inadequate medical infrastructure/supply and the inability of the average Nigerian to afford medical care. This perhaps explains why the NYSC had to wield in – delivering free medical health care to those that the Nigerian health care system has not been able to cater for. Over 90% of the Nigerian population is living without health insurance coverage. Moreover, many Nigerians are not employed in the formal sector hence they cannot be covered by the nature of the health insurance scheme introduced by the government.

Establishment of the NYSC and Its Objectives

The National Youth Service Corps scheme was established by Decree No. 24 on 22nd May, 1973. As part of General Yakubu Gowon's (then Nigeria's Head of State) post-Civil War reconstruction, reconciliation and rebuilding. The NYSC was intended to strengthen the bonds that

NYSC and Free Medical Health Care Delivery in Nigeria

held Nigeria together following the threat of disintegration. A publication of the NYSC points out that the scheme was established with a view to the proper encouragement and development of common ties among the youths of Nigeria and the promotion of National Unity.¹² The scheme was set up such that university and polytechnic (HND) graduates under 30 years of age are posted to states other than their states of origin to serve for a mandatory period of one year. Initially when the number of degree and HND holders was not much NCE graduates were also expected to serve in the NYSC scheme before jumping into the job market. During this mandatory one year period of national service, the corps member (Those undergoing national service under the NYSC scheme) are expected to learn and understand the culture of the host community which should help eliminate prejudices and create greater tolerance. The host community too is expected to learn from the corps members' uniqueness. At the same time corps members are to indulge in community development activities in their host community and contribute their quota to national development.

It can therefore be said that the NYSC came to address a wide range of national issues such as, mass literacy, shortage of skilled manpower, disunity, intolerance, underdevelopment among others. Of course one of the most important aspect of the NYSC scheme is the Community Development Service (CDS). This is apart from the daily and main engagement of the corps member in their Place of Primary Assignment (PPA) either as school teachers, office assistants or other activities which the places they are posted to might be engaged in. The NYSC Community Development Service (CDS) is a year round affair. It is one of the four (4) cardinal points of NYSC.¹³ It is through the CDS that corps

¹²National Youth Service Corps, “ABCs of Community Development Service”. NYSC National Headquarters, Abuja: Press and Publicity Unit, 2015.

¹³ Abdullahi1, Muhammad and A. I. Chikaji “Issues in Community Development Service Scheme of Nigeria’s National Youth Service Corps and its Relevance to Community Development in International Journal of Research in Science &

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

members are able to work with the local communities to promote self-reliance by identifying and executing development projects and programmes that can enhance the socio-economic development of the host communities.¹⁴

In more specific terms, the objectives of NYSC as they relate to community development service are as follows:

1. To Impact positively on the improvement of rural community life.
2. Develop the spirit of entrepreneurship in the Corps Members.
3. To utilize the challenges which rural development poses and inculcate in the Nigerian Youth the ideals and capacities for leadership, endurance, selflessness, community service, national service, patriotism and creativity.
4. Expose Corps Members to diverse traditions and customs of the host communities.
5. Provide the forum for Corps Members to experiment with ideas and translate them into concrete achievements thereby relying less on foreign technology and encouraging the use of local raw materials in the execution of projects.
6. Harness the enormous talents and skills of Corps Members into an effective machinery of change in our rural communities.
7. Provide on-the-job training and experience for Corps Members.
8. Provide complementary service in our National development activities, by ensuring that our under-privileged population learns basic techniques for self-help through the appropriate technology concept being promoted by NYSC.

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¹⁴National Youth Service Corps. "Objectives of the Scheme". Accessed on 26th June, 2016 from NYSC Official Website: <http://www.nysc.gov.ng/objectives.php>

NYSC and Free Medical Health Care Delivery in Nigeria

9. To instill in Corps Members the tradition of dignity of labour and productivity.
10. To complement the activities of government at all levels in the stride towards national development.¹⁵

The NYSC and Free Medical Healthcare Delivery in Nigeria

Consistent with the community development objectives of the NYSC, about 16 community development groups have been created by the NYSC overtime. Corps members are therefore expected to belong to at least one of these CDS groups. Out of these 16 CDS groups, three of the groups fall within the framework of medical health care provision. These three CDS groups are namely; Reproductive Health & HIV/AIDS Group, Medical and Health Services Group and the Drug Free and Quality Control Group. The Reproductive Health & HIV/AIDS Group has the objective of training and mentoring students as well as mobilizing and strengthening community based responses to HIV/AIDS in terms of prevention through sensitization campaigns. The Medical and Health Services Group (which includes such groups as Red Cross, Breasts Without Spot, Polio Plus) has the objective of promoting and providing Medical Services through health outreach, First Aid administration, Establishment of Community based clinics and setting up of clinics for the NYSC Secretariat. The Drug Free and Quality Control Group (which includes, NDLEA,NAFDAC, SON) is aimed at the eradication of fake and adulterated foods and drugs and the creation of awareness on the dangers of drug abuse. Their activities in this regard include the establishment and coordination of Drug Free Clubs in Schools and the establishment of linkages with the host communities.

¹⁵National Youth Service Corps, "ABCs of Community Development Service". NYSC National Headquarters, Abuja: Press and Publicity Unit, 2015.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

The three aforementioned CDS groups therefore serve as platforms for NYSC members to provide free medical health care services in their host communities. It would be observed that each year, corps doctors, nurses, dentists, optometrists, physiotherapists, pharmacists, laboratory scientists and graduates from other fields of human health are posted for the mandatory national service for one year. These doctors, nurses, pharmacists, etc, usually constitute a body of medical volunteers who provide technical health services during their service year. Quite often, the NYSC Medical and Health Services Group particularly mobilizes corps medical volunteers in the provision of medical health intervention services such as diagnosis, treatment, referrals and proper preventive mechanism thereby enhancing the general well-being of the rural dwellers across the nooks and crannies of the country. It is important to point out here that, corps members have basic intellectual capacity requiring minimum training to pass correct information and give minimum skill to rural people. In this connection, it not only those that have training in the medical field that have had roles to play in the provision of free medical health delivery. According to Samuel Akoh, a staff of the NYSC, the knowledge base acquired by graduates due to vast exposure they obtained from the university makes it quite easy for them to be trained and equipped to carry out sensitization and awareness activities on basic health issues in the rural areas where the awareness on many health conditions is lacking. This explains why corps members do not necessarily have to have university education in a health related field to be part of the health related CDS group in the NYSC. Thus, the health related disciplines are in the scheme can be easily mobilized as national response to the issue of healthy living in the rural areas.

Since the inception of the NYSC scheme therefore, corps members have been seen across the country providing free medical care services through clinics that are organised sometimes in open fields or at designated health care service centres. A major impact of these

NYSC and Free Medical Health Care Delivery in Nigeria

development programmes is the fact that corps members are spread throughout the country and are able to identify the areas in dire need even in the most remote parts of the country. Members have also been known to contribute towards the provision of basic materials such as drugs, sanitary pads, mosquito nets, disinfectants, and even the building of public toilets as well as the furnishing of hospital wards. During internationally recognised days (such as World AIDS Day, Malaria Day) meant to create awareness on certain disease conditions, corps members embark on sensitization walks, house to house enlightenment and awareness creation through electronic media. Sometimes the corps members engage in the cleaning of public places in both the urban and rural areas. They can also be seen cleaning drainages and gutters while others provide refuse bins in public places for free and rendering free medical care services to internally displaced people.

Of course the highlight of the National Youth Service Corps' involvement in free medical health care delivery was the introduction of the Health Initiative for Rural Dwellers (HIRD) which is an innovation of the Director-General of the NYSC, Brig Gen J. B. Olawumi. The main objective of the HIRD programme is to mobilize volunteer corps medical personnel to the rural dwellers who are unable to access medical attention as a result of neglect and remoteness of their location or the high cost of medical services which they cannot afford. The Health Initiative for Rural Dwellers was therefore set up to reach-out to core rural areas in all the 774 Local Government Areas of the country to enhance the accessibility of health care services by rural dwellers through the provision of the needed information and medical palliatives. The programme engages corps medical personnel in the sensitization of the core rural dwellers on disease prevention, provision of first aid services, monitoring of cases and provision of appropriate referral where necessary.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgue

The Health Initiative for Rural Dwellers was officially flagged-off in Igbo Owu community in Ifelodun Local Government Area of Kwara state on Thursday, 13th November, 2014. The HIRD programme collaborates with Ministry for Health, Primary Health Care Board, WHO, NPHDA, SFH and FHI was able to later attend to the health needs of 527 persons in Kwara State. Out of this number, 520 were treated will up for some, while 2 cases were referred. Cases investigated include – malaria, hypertension, typhoid, blood sugar level, arthritis, upper respiratory infection and peptic ulcer. In Lagos State too, the NYSC partnered with the Lagos state Ministry for Health, Primary Health Care Board, Omron Healthcare Ltd, Nigeria and Ministry of Rural Development to Flag- off the HIRD programme at Ese - Offin community Primary School. Residents of the five communities namely Egan-Oromi, Itogbesa, Ojota, Ishagira and Ese-Ofin communities under Otto-Awori were given free medical attention.

Through several collaborations, the NYSC has been using the HIRD programme to carry out medical outreaches in different parts of the country. For instance, in October, 2015 the formal launching of HIRD took place at Ikpayongo, Gwer – East LGA in Benue state during the NYSC Health Week. Many residents were attended to and a resident of Makurdi, Terseer Apuu¹⁶explained that his aged mother was among those treated of malaria. On 29th May, 2018, a medical outreach was conducted in Jos as part of activities to commemorate the 45th Anniversary of the NYSC. During the exercise, the Low Cost Market in Jos was cleaned by the corps members. Between July 9 – 13, 2018 a total of 823 patients were treated in Gure, Kwara State an outreach programme that has become a regular exercise in the community through the NYSC partnership with other bodies. In March, 2020, about 420 persons were treated under the HIRD programme in Gambu and 7

¹⁶Oral Interview: Terseer Apuu, Male, 43 years, Welder Interviewed in Makurdi on 19th, March, 2020.

NYSC and Free Medical Health Care Delivery in Nigeria

other villages of Dogon Daji area in Tambuwal Local Government area of Sokoto State. Also, 398 in Umuoba – Anam community in Anambra – East LGA of Anambra State were treated under the HIRD scheme in February, 2020. Similarly about 1000residents of Maikusidi and its environs in Wushisi LGA of Niger State were treated in February, 2020 while 2,000 Internally Displaced Persons in Borno were granted free medical attention in their Maiduguri camp in September, 2020.

Conclusion

Our efforts here have been directed towards analysing the role played by the NYSC in the provision of free medical health care delivery in Nigeria. We have shown here that the medical health care delivery system in Nigeria is laden with challenges which makes access to health care the privilege of a few. This means a large part of the population is cut off as a result of lack of awareness pertaining certain health conditions, the remoteness of their location or because they cannot afford the cost of medical care. There is also the challenge of inadequate number of health care workers while other refuse to work in rural areas especially were medical supplies and other amenities that make the working environment conducive are lacking. Against this backdrop, the NYSC continues to fill this void by providing free medical care services to even the most remote areas where corps members can be found through the use of CDS groups. The highlight of this involvement was the creation of the Health Initiative for Rural Dwellers (HIRD); the initiative was introduced to mobilize volunteer corps medical personnel to the rural dwellers who are unable to access medical attention as a result of neglect and remoteness of their location or the high cost of medical services, which they cannot afford. Since its introduction, the initiative which is partnered by prominent health care regulatory and management agencies such as WHO and state ministries of health has been able to organize awareness activities, donate medical supplies and conduct free medical clinics which offer treatment, referral and follow up services for the needy. Despite this important role being played by

THE NYSC AND NIGERIA'S HEALTH SECTOR

A. E. Adamgbe

the NYSC in the area of free medical health care delivery in Nigeria, factors which include insecurity, infrastructure deficit and prevalent illiteracy especially in the rural areas have stood as challenges against the role of the NYSC in this noble cause.

National Youth Service Corps and Collaboration with National...

13

National Youth Service Corps and Collaboration with National Environmental Standards and Regulations Enforcement Agency

Apeku Gabriel Aondofa Melvin

Introduction

Nigeria like many other multi-ethnic and Multi-Cultural Nations have a supreme challenge of building a nation out of a plethora of nationalities and to foster a sense of common identity and destiny amongst their disparate and distinct peoples.¹ It is a problem need to be admitted by every Nigerian Citizen, Leaders and followers alike if it is ever to be

¹ G. Enegwea and G. Umoten, *NYSC: Twenty Years of National Service* (Ibadan: John Archers Publishers Limited, 2017):25

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

confronted and successfully combated. It is a problem that has defeated great nations like the Soviet Union, Yugoslavia and even broke India into many sovereign Nations such as Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan and the Maldives. It is the most important problem yet confronting Nigeria and has impeded seriously on National Growth and Cohesion.²

The Sad experience of these countries have shown quite clearly that the challenge of building National Unity out of diverse entities and Nationalities cannot be solved by the easy resort to force and threats of cessions by some groups, as this merely sweeps the irritating and underlying causes under the carpet of surface polyphony, until they fare up again often with more damaging consequences.³

Nigeria is a country that is made up of over 250 Ethnic groups, each with its own distinctive history, religious, Cultural and political system, and many of these nationalities had a well-developed system of governance and administration prior to colonization with each reacting differently to colonization. Indeed, colonization rather than uniting the people by bringing them together under one national cohesion, serve to further divide, accentuate and exploits their differences.⁴

The policy of divide and rule instituted by the British was deliberately adopted and crafted with the sole purpose of polarizing the people and breeding mutual suspicions and distrust so as to give the colonial masters more controlling powers, thus at independence Nigerians were no nearer to true Nationhood than they had been at amalgamation, therefore the complex process of nation building combined with the polices of revenue allocation, progressively and steadily pull the Nation-state apart. Suffice it to say that the three years' civil war of 1967-1970 was the logical and inevitable conclusion to the process set

²G. Enegwea and G. Umoten, NYSC 42.

³ Gregory and Gabriel, 57

⁴ Gregory and Gabriel,

National Youth Service Corps and Collaboration with National...

in motion to benefits the interest of the colonial masters fifty-two years⁵ ago in 1914.

The end of the Nigerian Civil War of 1967-1970 brought with it serious distrust and suspicion among the various Nationalities and also highlighted disconcerting albeit unaddressed challenge of turning Nigeria's over 250 ethnic groups and nationalities into one consolidated Nation, with new hopes of reconciliations amidst the old fears over unity and mutual co-existence. It was in this exhilaration of reconciliation that the dream of the National Youth Service Corps was born⁶.

Background to the Environmental Space in Nigeria

During the colonial era, protection of the environment was not a priority in Nigeria and there was accordingly no policy aimed at preserving and protecting it. Matters relating to the environment were dealt with as a tort of nuisance because disputes in environmental law were not viewed as public matters warranting state intervention. The few environment related laws criminalized activities that could degrade the environment. These laws included the Criminal Code Act of 1916, which prohibited water pollution and air pollution and created the offence of nuisance⁷. In 1917 the Public Health Act was enacted. Although somewhat broad in scope, this Act contained provisions of relevance to the regulation of land, air and water pollution. Thus it is evident that at this time matters relating to the environment were dealt with in a rudimentary manner, from the viewpoint of environmental sanitation.

⁵Gregory and Gabriel, 63.

⁶ Gregory and Gabriel,

⁷ L. Mohammad, "Review of NESREA Act 2007 and Regulation 2009-2011: A new Dawn in Environmental compliance and enforcement in Nigeria," *Law Environment and Development Journal* 8, No.1, (2018):27-35.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

Following Nigeria's independence in 1960 and the discovery of oil, it became apparent that existing laws dealing with the environment were grossly inadequate. This was owing to the fact that most of the provisions on environmental protection were scattered throughout different laws, resulting in an ad hoc response to different needs in different situations.⁸ During the decade following independence, the Government criminalized polluting activities, particularly those relating to the discharge of oil in navigable waters and environmental degradation as a result of petroleum activities. The 1970s saw the further development of Nigeria's environmental regime in response to industrial growth associated with the oil boom. River basin authorities were created and environmental units were established in some government ministries. The laws were, however, typically 'knee-jerk' responses to emergency situations.⁹

The 1980s and 1990s witnessed the most drastic and systematic development of environmental laws in Nigeria, partly owing to Nigeria's ratification of or accession to a number of international instruments during this period. The main national Environmental laws and decrees developed during this period, and which some still in operation today were the creation of the Federal Environmental protection agency FEPA.¹⁰

Federal Environmental Protection Agency FEPA

Prior to June 1988, Nigeria responded to most environmental problems was on an ad hoc basis. The discovery of toxic waste dumped by an Italian ship, The Karin B, in Koko, a remote town of then Bendel State and now Delta State, southern Nigeria, in June 1988, and the attendant

⁸Ladan, "Review of NESREA Act 2007 and Regulation 2009-2011," 42.

⁹Ladan, "Review of NESREA Act 2007 and Regulation 2009-2011," 58.

¹⁰ Kingsley Ejike, "The Role of NESREA Act 2017 in Ensuring Environmental Awareness and Compliance in Nigeria," *Journal of Applied Chemistry* 4, No.2, (September 2019):48.

National Youth Service Corps and Collaboration with National...

media and public outcry prompted the government to react swiftly.¹¹ Through diplomatic channels, the Nigerian government succeeded in getting the Italian government and the Italian Chemical Company that was the culprit to lift the toxic waste out of the country.

The Nigerian government followed this action by organizing an international workshop on the environment. The result was the formulation of a national policy on the environment. Consequently, the Federal Environmental Protection Agency (FEPA) was created in 1988 and charged with the administration and enforcement of the environmental law. In addition, the government enacted the Harmful Waste (Special Criminal Provisions) Act, 1988, to deal specifically with illegal dumping of harmful waste.¹²

Federal Government woke up to confront the problem of environmental abuse and degradation when Nigeria Students studying in Italy alerted the international media that an Italian Chemical company was exporting its toxic waste to his Village in Nigeria , the exposure angered international environmentalist all over the globe, thus the discovery of that Italian ship in May 1988 containing some imported toxic chemical wastes, made up principally of polychlorobiphenyls (PCBS) and the hostile media reaction that accompanied the discovery hastened the creation of the then Federal Environment Protection Agency (FEPA), since Nigeria lacked both the institutional and legal framework to tackle the issue. Hence, in December 1988, as part of the emerging coordinated approach to environmental issues, the agency was established by decree. The

¹¹ PB Ajibola, *Protection of the Environment through Law: Law and Environment in Nigeria* (Ibadan: University Press, 1997):84.

¹²Gozie S. Ogbodo, "Environment Protection In Nigeria: Two Decades after the Koko Incident," *Annual Survey of International & Comparative Law*15, No.1 (2009):12. <https://digitalcommons.law.ggu.edu/annlsurvey/vol15/iss1/2>

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

coming of FEPA represents a milestone in environmental management effort in Nigeria.¹³

The Federal Government of Nigeria in 1988 established the Federal Environmental Protection Agency (FEPA) to protect, restore and preserve the ecosystem of the Federal Republic of Nigeria.

The decree 58 of 1988 requires FEPA to establish environmental guidelines and standards for the abatement and control of all forms of pollution. The major function of FEPA is the establishment of national environmental guidelines, standards and criteria most especially in the area of water quality, effluent discharge, air and atmospheric quality and including the protection of the ozone layer which in the past was absent. Others are noise control, hazardous substance discharge control and the removal of wastes and ascertaining spiller's liability. The agency also has power to initiate policy in relation to environmental research and technology and in formulating and implementing policies related to environmental management. In addition, FEPA was given some enforcement powers including the right to inspect facilities and premises, search locations, seize items and arrest people contravening any laws on environmental standards and prosecuting them. The agency was also empowered to initiate specific programmes of environmental protection and may establish monitoring stations or networks to locate sources of and dangers associated with pollution. Furthermore, it has powers to conduct public investigations or enquiries into aspects of pollution.¹⁴

FEPA was thus the supreme reference authority in environmental matters in Nigeria although state and local government authorities and institutions including their environmental departments are still expected to play their traditional role of monitoring and enforcing

¹³Gozie S. Ogbodo, "Environment Protection in Nigeria," 13

¹⁴Nwufo Cecilia Chinwe, "Legal Framework for the Regulation of Waste in Nigeria"
African Research Review 4, no. 2 (April, 2010):491-501.

National Youth Service Corps and Collaboration with National...

standards as well as fixing penalties charges, taxes and incentives to achieve certain environmental goals.

Once the decision was taken to confront the problem of environmental abuse, Nigeria led the fight against hazardous wastes dumping until the signing of the Basal Convention against trans-boundary transportation of hazardous, toxic and radioactive wastes in 1989. With the setting up of the Federal Environmental Protection Agency, the States Environmental Protection Agencies (SEPAS) were set up. These were complemented by the Local Governments (LGAs) Environmental Protection Agencies. However, industrial pollution was regarded by FEPA as a priority environmental problem and hence the first ever and only "National Guidelines and Standards for Environmental Pollution Control" was more of an industrial pollution control guidelines and standards with few notes as guidelines for surface impoundments, land treatments, waste piles, landfills, incineration and hazardous/toxic wastes. Moreover, even the available industrial pollution control guidelines and standards are not sound enough and far from being enforced in the country compared to other then developing Nations like Malaysia, Brazil, Kenya and South Africa.

It must be stated that the Federal Environmental Protection Agency (FEPA) was handicapped by the limited environmental information, such as the formulation of sound and modern environmental legislation that will take in account issues such as implementation of Environmental Impact Assessment EIA, Environmental Audit EA that will take into consideration the impact of any plan of action and its effects on the environment.

The Defunct Federal Environmental Protection Agency

As pointed out earlier the FEPA Acts and regulations was more of an industrial pollution control guidelines and standards than an actual holistic regulatory and enforcement body that will cater for modern and emerging environmental issues so the Federal Environmental

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

Protection Agency (FEPA) Acts and Regulations of 1991-2006 was defunct and its Act and Regulations were repealed in 2007 by the NESREA¹⁵ Act, because of some major drawbacks of FEPA such as:

1. Lack of or weak enforcement of existing environmental laws and regulations. FEP Agave industries five years' moratorium in 1990 for industrial compliance with the installation of pollution abatement facilities, which expired in 1994. Nonetheless compliance rate by industries was generally low (between 20-40 per cent). Even then the efficiency of many of the pollution abatement facilities was suspect. Many had broken down, or were grossly inadequate or were just operationally cosmetic to give semblance of compliance
2. The enforcement mechanism was through visits to facilities for compliance monitoring, facilities work through, find out challenges for non-compliance, examine monitoring records where they exist, undertake in sit environmental monitoring of some parameters and discuss findings with the facility manager; and proffer appropriate advice that could promote compliance or issue warning where non-compliance is persistent.
3. The resultant consequence of the above mentioned poor environmental compliance or weak enforcement regime were the following industrial pollution problems and their impact on the environment and human health in Nigeria:
 - Surface waters (60-70 per cent) in urban areas colored, foul smelling, fishless, and were non-potable and non-swimmable.
 - Shallow groundwater aquifers contaminated by infiltration of domestic and industrial wastes; petroleum waste products, toxic and non-toxic;

¹⁵Nwufo Cecilia Chinwe, "Legal Framework",
236

National Youth Service Corps and Collaboration with National...

- Visual impairment and reduced fish catch in costal and marine waters,
- Nuisance and health problems from industrial effluents disposed on land or wetlands;
- Worsening public health through exposure to pollutants, thereby putting the lives of millions of Nigerians within the community at risk from water related health diseases such as typhoid fever

The major lessons learnt from the above include the following

- It is counter-productive and unsustainable for a lead environmental protection agency to pursue a weak or outdated compliance monitoring and enforcement strategy
- It is retrogressive to lack focus on pollution prevention strategies, life cycle analysis approach and non-integration of environmental treaties obligations into national environmental compliance and enforcement framework on industrial, wastes and chemicals pollution control for the benefit of present and future generations
- It is inexcusable not to borrow a leaf from best practices by exploring the use of economic incentives such as tax holidays and tax exemptions as a means to promote high compliance by industries.
- It is ineffective for environmental pollution control and prevention not to pursue adequately inter-agency cooperation and collaboration including information sharing and exchange among government agencies and other federating units that have similar mandate or overlapping function.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

NESREA and the Environmental Regulation

The National Environmental Standards and Regulation Enforcement Agency is currently the major federal body charged with the protection of Nigeria's environment. NESREA was created by the NESREA Act.¹⁶ The federal government, in line with section 20 of the 1999 constitution, established the Agency as an institution under the supervision of the Federal Ministry of Environment, Housing and Urban Development. NESREA was created to replace the defunct Federal Environmental Protection Agency (FEPA). In examining the enforcement of the preventive principle in Nigeria, it is necessary to take a look at the establishment, mandate and powers of NESREA.

NESREA was established on 30 July 2007 as a body corporate with perpetual succession and a common seal, which may sue and be sued in its corporate name. It is responsible for the enforcement of environmental standards, regulations, rules, laws, policies and guidelines. Its authority extends to the enforcement of environmental guidelines and policies, such as the National Policy on the Environment, 1999. This is indicative of the importance and relevance of standards, rules, policies and guidelines on the environment. Although they may not have the force of law, they are a vital and necessary element in the protection and preservation of the environment.

The Agency is charged with responsibility for the protection and development of the environment, biodiversity conservation and sustainable development of Nigeria's natural resources as well as environmental technology.

¹⁶Agbazue V.E, Anih, E.K. and Ngang, B.U., "The Role of Nesrea Act 2007 in Ensuring Environmental Awareness and Compliance in Nigeria" *IOSR Journal of Applied Chemistry (IOSR-JAC)* 10, no. 9 (September. 2017):32-37.
www.iosrjournals.org, DOI: 10.9790/5736-1009033237.

National Youth Service Corps and Collaboration with National...

The NESREA Act and Regulations constitute a new dawn because in both purpose and contents, they aim at addressing the preponderance of obsolete environmental regulations, standards and enforcement mechanisms, which resulted, over the years, in the high rates of non-compliance with environmental laws, regulations and standards.¹⁷

In order to deliver on her mandate, the immediate implementation strategies of NESREA are: i) collaboration and partnership; ii) conducting public education and awareness on topical environmental issues; and iii) strengthening institutions and building capacity to monitor compliance and enforce existing environmental regulations, including guidelines for best practices.

In terms of collaboration and partnership, NESREA's enabling law and regulations provided a platform for: creating for a dialogue, exchange of information and best practices as well as build consensus and partnerships among all stakeholders. This informed NESREA's decision to organize the 1st National Stakeholders' Forum on "The new Mechanism for Environmental Protection and Sustainable Development in Nigeria" with the theme "ensuring a safer and cleaner environment in Nigeria through partnerships".

As part of the partnership strategy, NESREA proposes to have Zonal Headquarters in the six geo-political Zones and Offices in all States of the Federation. To date NESREA has established five (5) functional Zonal Offices in Port Harcourt, Rivers State; Owerri-Imo State; Jos - Plateau State; Gombe - Gombe State; and Kano - Kano State. NESREA also has thirteen (13) State Offices across the federation. NESREA goes beyond local partnership to collaborate with international bodies, agencies and Non-governmental organizations including international regulatory bodies such as UN Agencies; World Bank; Partners for Water and Sanitation (PAWS-UK); United Kingdom Environment Agency and

¹⁷ Agbazue V.E, Anih, E.K. and Ngang, B.U., "The Role of NESREA Act 2007",33.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

have organized Sector-specific consultative meetings for sharing of ideas and experience, and better dissemination of information, with other agencies such as the Nigerian Tanners Council, Association of Food Beverages and Tobacco employers.

Between 2007-2011, there has been continuous advocacy at all levels in the print and electronic media to properly communicate the concept of voluntary compliance and enlist the support and participation of all key stakeholder including trade unions, professional and business associations, civil society organizations, traditional, natural and faith based organizations.

In order to ensure effective compliance, monitoring and enforcement, NESREA has adopted environmental permitting and licensing system; promoting the development of local technologies to aid compliance monitoring and enforcement; pursuing technical assistance to strengthen capacity through exchange of knowledge and experience, and learning of best practices in environmental management from other countries whose policy system have some similarities with Nigeria. Partnership and network have been established with institutions and organizations in Japan and Singapore with a view of establishing modern reference laboratories for prompt and reliable analysis of environmental samples for effective compliance monitoring and enforcement.¹⁸

NESREA likewise possesses oversight functions over hazardous chemicals and waste other than in the oil and gas sector. It is required to enforce compliance with regulations on the importation, exportation, production, distribution, storage, sale, use handling and disposal of hazardous chemicals and waste. It is also to enforce compliance with legislation on sound chemical management, safer use of pesticide and disposal of spent packages. This provision establishes beyond any

¹⁸ Agbazue V.E, Anih, E.K. and Ngang, B.U., "The Role of NESREA Act 2007," 37.

National Youth Service Corps and Collaboration with National...

doubt the authority of NESREA in relation to this important issue. It also has the effect of putting to rest the dispute in the 1990s between the defunct FEPA and the National Agency for Foods and Drugs Administration and Control (NAFDAC) about which agency had oversight/ responsibility for the control of hazardous chemicals and wastes. This provision is also commendable as it takes cognizance of the fact that hazardous chemicals and wastes need to be strictly monitored at every stage so as not to repeat the Koko Incident of 1988.

Enforcement Power of NESREA

NESREA possesses broad enforcement powers for the purpose of enforcing the Act. Thus an officer of the Agency may at all times enter and search with a warrant issued by a court any premises including land, vehicle, tent, vessel and floating craft, inland water and other structure which he reasonably believes carries out activities or stores goods which contravene environmental standards or legislation for the purpose of conducting inspection, searching and taking samples for analysis. To constitute a lawful search, the search has to be carried out with a search warrant issued by the federal or state high court. This is in contrast to section 26 of the repealed FEPA Act and section 10 of the Harmful Wastes (special criminal provisions) Act where environmental protection agencies were empowered to search without warrant. The new requirement of a search warrant by the court is in recognition of the right to privacy guaranteed under the Nigerian constitution.

Having examined the justification for the establishment, mandate and powers of NESREA, it can be concluded that the new initiatives brought about by the NESREA Act are substantive, particularly with regard to its enforcement roles and provision of more realistic monetary sanctions that can help prevent destructive environmental practices in Nigeria.¹⁹

¹⁹ M.T. Ladan, *Environment Law in Nigeria*, (ABU Law Press, 2015):11-13
241

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

Having learnt lessons from the major drawbacks of the defunct agency (FEPA), we can all agree that there is an identified major shift towards the enforcement of environmental standards and regulations as opposed to just creation of standards and regulations.

NYSC and NESREA Collaboration

The National Youth Service Corps has a great working relationship and partnership with NESREA in areas of compliance monitoring, Environmental enforcement and sensitization of the public on waste management, notably among these collaborations are;

ECOVANGUARD: The main purpose of the NYSC/NESREA Environmental Protection and Sanitation Group (EPSG) also known as ECOVANGUARD is

- To Promote and Sustain Healthy Environment
- To promote Sanitation and Hygiene among Market Women and Traders
- To Promote Safe Personal Hygiene Practices among girls in Public Secondary schools and low Income Communities
- To Sensitize the Community on modern waste management practices
- To create awareness on sustainable environment, waste management and regeneration

Some of the functions of the ECOVANGUARD are:

- Waste to wealth Training
- Trees Planting
- Drainage Control and clean ups
- Erosion control and prevention
- Sanitation and Hygiene
- Afforestation
- Land Remediation and Reclamation

National Youth Service Corps and Collaboration with National...

NESREA as an environmental Agency had been working closely with NYSC since 2009 through the ECO Vanguard, a Community Development Service group through which the two agencies collaborate to sensitize the public on environmental issues such as carrying out sensitization on the need for a clean environment and the waste to wealth creation within their host communities to empower youths within these communities to be gainfully empowered and employed through the waste to wealth scheme.²⁰ This process advocate for recycling and packaging of certain materials such as polyethylene bags, bottles, easily crush metallic objects such as tin cans, plastics, and paper bags that can be segregated, separated, package and resold to the manufacturing industries, a process that has lifted many in the south east and north east parts of the country out of the poverty line.

The ECO Vanguard CDS Group has engaged actively with environmental and sanitation advocacy groups to carry out sensitization among market women, traders , slaughter house and low income communities across the country to emphasize that Sanitation is the hygienic means of promoting health through prevention of human contacts with the hazards of waste as well as proper sanitation practices and waste management in the markets, through proper disposal of all perishable goods and the right environmental management practices.

The ECO Vanguard has recorded tremendous success through the creation of Environmental health clubs and societies in secondary schools especially in the northern parts of the country to educates students on the need to have a healthy environment.

As part of its Corporate Social responsibility the ECO Vanguard group in conjunction with Airtel, MTN, Flourmills of Nigeria and Leadway Assurance Company in a Programme titled “Walk Against Environmental Pollution “ mobilize across the six geopolitical zones in

²⁰NASREA Official (Name Omitted), “NYSC and NASREA Collaboration”, interview by the author on February 28, 2021.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

the countries to carry out an environmental sanitation exercise and to sensitize traders on the need to keep a clean environment by desisting from indiscriminate refuse dumping, burning of refuses such as plastics as well as dumping of refuses into drains and canals all of which are hazardous to the human health.

The group use the opportunity to speak to traders in Idiaraba/Obele market in Mushin area of Lagos state to desist from dumping refuse in gutters as this causes clogging in the gutters that lead in flooding during the rainy season. The Group accompanied by NESREA officials in the respective zones mobilizes youths to help clean up the gutters to the admiration of many present.

NYSC/NESREA Green Corps Groups

The main reason for the creation of the NESREA Green Corps is for Youth corps members to serve as Environmental green volunteers amongst other things and to

- To create environmental awareness,
- To combat the spate of incessant environmental pollution and indiscriminate depletion of natural resources
- To assist in promptly and judiciously dispensing with environmental disputes at community levels in Nigeria
- To Train and Groom Young Volunteers on Safeguarding the Environment in their place of Primary Assignment
- To identify environmental hotspots
- To promote and sustain a healthy environment.

The Idea of the NESREA Green Corps marshal was first proposed by the then Minister of Environment Dr John Odey in 2010 with focuses on individual responsibility to achieving a cleaner and healthier environment. The Green Corps Initiative affords the individual the opportunity to render selfless service to humanity, particularly to his community in the protection of the environment. It also empowers the

National Youth Service Corps and Collaboration with National...

individual to be a true Vanguard and Watchdog of his/her environment.

The overall goal of the NESREA Green Corps Initiative is to actively involve the citizenry in environmental governance through volunteers under the guidance of NESREA. The initiative is to encourage citizens to act as environmental volunteers and as watchdogs and whistle blowers to promote environmental governance in their communities. A member of the NESREA Green Corps is not an enforcement officer but can report environmental violation to the appropriate authority. It is the application of all available tools to achieve compliance, including compliance promotion, compliance monitoring and non-compliance response.²¹

The NYSC /NESREA NGC is targeted at the community level where NYSC Corps servicing in the communities and schools have embarked on effective and informative Environmental Education to create Environmental awareness and compliance to the provisions of the NESREA Act as a means to achieving environmental sustainability in Nigeria and the application of the public trust doctrine to natural resources and environment would justify the need to have a corps volunteers to promote and police compliance and environmental enforcement at the community level.

This Collaboration has recorded tremendous successes especially in the southern parts of the countries especially in the rain forest states where, Forest Guards from NESREA have worked with NYSC Corps members to regulate the cutting downs of trees and have educated people on the adverse effects of deforestation, desertification, climate change and the need to sustain a healthy environment.

²¹IdowuKunlere, "Environmental Protection: Does Nigeria Really need Environmental Corps Marshals?," Journal of Environmental Management 2, no.6 (2016):65-67.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

The group have carried out trees planting advocacy in most states of the federation with a view of discouraging desertification especially in the Northern parts of the country by

- Sensitizing the public on the causes and dangers associated with desertification and the attendant land degradation
- Encouraging sustainable use of fuel wood through the use of more efficient and energy saving devices like the coal stove with a view of encouraging their wider use and adoption at all levels starting with the rural communities
- Encouraging reforestation, reseeding and afforestation by planting of trees and replacement of destroyed vegetation.
- Creation of environmental awareness among various stakeholders.

It is important to note that most environmental degradation is as result of ignorance of the public to the harmful nature of the activities to the environment. Just as ignorance of the use of a product leads to misuse, disuse and abuse, so also ignorance of the environment and all its elements leads to misuse of the delicate elements, disuse of the very beneficial ones and abuse of their intended purpose.

NYSC/NESREA Extended Producer Responsibility EPR

Extended producer responsibility (EPR) also known as the Buy Back Scheme is an environmental protection strategy aimed at decreasing total environmental impact from a product and its packaging, by ensuring that the producers of the product take responsibility for the entire lifecycle of their products especially in the take-back, recycling, and final disposal of their products, including its packaging. The primary responsibility of EPR lies with the producer, who makes

National Youth Service Corps and Collaboration with National...

designs and marketing decisions and should be responsible for how its products affects the environment.²²

The EPR Collaboration between NYSC and NESREA can be described as an integrated public waste management policy that extends (rather than merely assigns) financial and physical responsibility for the management of post-consumption (end-of-life) products to the producers (or importers and distributors) of such products, with the aim of reducing waste disposal, promoting resource conservation, increasing recycling, and encouraging more environmentally-friendly product design, it also exposes the corps members to the rigorous process of compliance, monitoring and enforcement policy of government through the prism of NESREA as an agency of the government. The point must be made however, that the NYSC/NESREA EPR Collaboration is not only about the management of post-consumption products. Rather, it is also aimed at grooming corps members as responsible public environmental change agents that will educate local producers on how to bear responsibility for the entire lifecycle of their products, from the ideation, design, choice of production material/technology, production, shipment to the final consumers and then, management of post-consumption products.

The NYSC/NESREA EPR group have collaborated with Producer Responsibility Organizations (PRO's) established by major companies and manufacturers, in the country to comply with the Extended Producer Responsibility EPR Policy of the Government to sensitize the public on how the effective enforcement of this policy will curb environmental pollution to a large extent, particularly by removing non-biodegradable containers, packages and consumables made of plastics, unserviceable computers and their accessories, E-Waste and

²² Muhammad Abdullahi, "Issues in CDS Scheme of Nigeria's National Youth Service Corps and its Relevance to community Development," *International Journal of Research in Science & Engineering*, <http://researchgate.net/publication/332864813>.

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

many other forms of electronic waste, from the nation's streets and waterways by embarking regularly for cleanup exercise in major cities across the country. Among these PROs are the Food and Beverage Recycling Alliance (FBRA) for food and beverage companies; the Recycling and Economic Development Initiative of Nigeria (REDIN), which is focused on clean energy; and the Alliance for Responsible Battery Recyclers (ARBR) for renewable energy companies.

In 2013, an EPR system was initiated by NESREA with the introduction and adoption of a draft Guidelines for Implementation of EPR for the Electrical and Electronic Sector (EES). The guidelines create an avenue to achieve a sustainable E-waste management status in Nigeria by implementing and enforcing the electrical and electronic equipment EES regulation of 2011.

The core stakeholders targeted in the EPR guidelines includes producers/importers, manufacturers, and assemblers of Electrical and Electronic Equipment EEE.

The guideline incorporates the establishment of collection centers in collaboration with the original equipment manufacturers (OEMs). It further makes provision for the establishment of an EEE Registry, that is, an organization that maintains an inventory of recyclers/E-waste related companies and E-waste Stocks piles nationwide, and this will be operated by third-parties such as the NYSC EPR CDS Group and public-private partnerships, to achieve an effective EPR system in Nigeria.

Impacts of NYSC and NESREA Collaboration

The NYSC/NESREA Collaboration is a Community Development Service component of NYSC through which the Service Corps Members work with the local communities under the guidance of NESREA field agents to create awareness and sensitize the community on environmental issues, waste management practices, and promote self-reliance by systematically prospecting and executing development projects and

National Youth Service Corps and Collaboration with National...

programmes which impact positively on the socio-economic development of the host communities by

- Promoting public awareness on the impact of environmental degradation
- Educating members of the communities on the benefits of living in a healthy environment devoid of pollution
- Providing the forum for Corps Members to experiment with Environmental ideas and translate them into concrete achievements thereby relying less on white collar jobs and encouraging the spirit of entrepreneurship.
- Harnessing the enormous talents and skills of Corps Members into an effective machinery of environmental change in the society.
- Providing on-the-job training and experience for Corps Members in terms of compliance monitoring
- Providing opportunities to youths within the community to become self-reliance through the waste to wealth scheme.
- To instill in Corps Members, the tradition of dignity of labor and productivity.
- To complement the activities of government at all levels in the stride towards national development.

These collaborations have help many small industries to come up with comprehensive Environmental management plans which have been hitherto nonexistence.

The partnership with NESREA has seen corps member's participation in state-organized monthly environmental sanitation exercise across the country with NYSC corps members mobilizing youths in the various

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

communities to clean up gutters, drainages and markets places especially in Flooding prone states like Lagos.²³

The NESREA/ECO VANGUARD Collaboration carried sensitization and training on environmental compliance monitoring in Combating deforestation and environmental degradation during the 2015 Batches 'A' and 'B' Orientation Course across the country where over 6,332 corps members were trained to carry out further sensitization on effects of deforestation in their various host communities.

The impact of the advocacy and sensitization carryout out by NYSC and NESREA on the Extender producer responsibility with various Producers Responsibility organizations such as Food and Beverage Recycling Alliance (FBRA) for food and beverage companies; the Recycling and Economic Development Initiative of Nigeria (REDIN), which is focused on clean energy; and the Alliance for Responsible Battery Recyclers (ARBR) for renewable energy companies and the various Electrical and Electronics Equipment importers and manufactures in the countries, have seen a tremendous reduction of E-waste in the country through compliance monitoring for these companies to focus on minimizing unnecessary purchase, repairing electronics, donating items that are no longer trending and partnering up with NESREA approved recycling partners in the country.

It is important that a synergy of both voluntary and mandatory approaches to E-waste should be encouraged and the EPR concept should be reviewed to include other stakeholders, such as the consumers, Non-governmental groups and government.

²³National Youth Service Corps (April, 2016). "Rivers Kopa Magazine". A Bi-annual Publication of Press and Public Relations Unit, NYSC Rivers State.

National Youth Service Corps and Collaboration with National...

Conclusion

As mentioned earlier in the introductory segment of the work, the National Youth Service Corps (NYSC) was primarily established in a bid to reconstruct, reconcile and rebuild the country after the Nigerian Civil War. This unfortunate antecedent in our national history threw up the crucial need to encourage and develop common ties. With only six universities at the inception of the NYSC, the number of the participating graduates was about 2,364; and it was a thing of honor for the government and these national volunteer participants to freely give in to their father land.

Today, with over 200 corps-producing institutions, the youth corps population have continued to increase without corresponding infrastructural growth nor concomitant increased funding to cope with the corps explosion and inevitable challenges. However, the scheme has continued to act as a major catalyst in national development and integration.

The scheme succeeded in infusing virtues of growing up as detribalized Nigerians and equally imbued the knack to live and inter-mingle freely with people from different parts of the country irrespective of tribe, religion, cultural orientation, and political proclivities.

The collaboration of NYSC with the National Environmental Standards and Regulations Enforcement Agency of Nigeria has led to tremendous achievement in the areas of compliance monitoring, Waste Management, pollution control, and environmental sensitization on the adverse effects of E-Waste.

Laudable as the result may be NESREA like many public agencies in Nigeria is seriously underfunded and ill equipped to cater for training of corps members to better prepare them as environmental change agents. Equally challenging is the concomitant population explosion of corps members as a result of the increasing number of graduates from the over 200 corps-producing institutions in the country. This has

THE NYSC AND NIGERIA'S HEALTH SECTOR

A.G. Aondofa Melvin

brought about what some critics erroneously refer to as "over population of corps members".

Also is the problematic issue of challenges faced by Corps members at various places of primary assignment (PPA) which, unfortunates are worsening by the day and has suddenly become perennial and because of this, agencies like NESREA with little funding are having a hard challenge in accepting more corps members. In several NESREA establishments where NYSC members are posted for primary assignment, they are reduced to mere glorified clerks and office assistants, thus depriving them of the opportunity of having on the field training experience that will better position them as environmental activist that will drive both social and attitudinal environmental changes. It also denies them the opportunity and privilege of performing duties for which they were posted to such places in the first instance.

National Youth Service Corps and Collaboration with National...

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The NYSC and Environmental Sanitation Advocacy in Nigeria

14

The NYSC and Environmental Sanitation Advocacy in Nigeria

Ayodele Christian

Introduction

Poor environmental quality has been recognized as a bane to socio-economic development and human existence. The impacts of environmental corrosion are severe on most third world countries thereby hindering developments. The living environment is well polluted owing to uncontrolled littering, improper domestic discharge of waste water, and poor sewage disposal.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

These behaviours promote unsanitary living conditions which result in the breeding of communicable diseases. Poor environmental sanitation practices exhibited in the disposal of solid waste, waste water and excreta, cleaning of drainage including personal, household and community hygiene significantly contribute to infant and child mortality. This is contrary to the notion of environmental sanitation which aims at developing and maintaining a clean, safe and pleasant physical environment in all human settlements.¹

These behaviours promote unsanitary living conditions which result in the breeding of communicable diseases in the society.² Environmental sanitation comprises the disposal and treatment of human excreta, solid waste and waste water, control of disease vectors, and provision of washing facilities for personal and domestic hygiene which work together to form hygienic environment. Improved environmental condition affects positively a wide range of development indicators. Thus, environmental sanitation is a channel to improved quality of life of the individuals and a contributor to their social, economic and physical development. Several studies have shown that the incidence of many diseases is reduced when people have access to, and make regular use of adequate sanitary installations.³

Environmental sanitation is crucial to living a healthy and peaceful life. A dirty environment can provide breeding ground for mosquitoes, germs, and other organisms that endangers societal health. It is the role and responsibility of every household to keep the environment clean. In Nigeria, while some organizations are tasked with the sole aim of

¹ S.A. Adimekwe, "The Impact of Environmental Pollution in Imo State: A Case Study of Okigwe Local Government Area". *Journal of Educational and Social Research* 3(5): 2013. 79-85.

² S.A. Adimekwe, "The Impact of Environmental Pollution in Imo State: A Case Study of Okigwe Local Government Area". *Journal of Educational and Social Research* 3(5): 2013. 79-85.

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The NYSC and Environmental Sanitation Advocacy in Nigeria

ensuring the environment is in a clean state, there are also various agencies and organizations that advocate for environmental sanitation. Through the CDS (Community Development Service) programme, the NYSC is popular for its role as an advocate of environmental sanitation.

The NYSC through its community development service has been a major advocate of community hygiene and the essence of having a safe and clean environment. Also NYSC through an arm of it community service known as Environmental Protection and Sanitation Group (Eco-vanguard, NESREA National Environmental Standard Enforcement Regulation Agency) aims at reaching communities and sensitizing the people on the essence of keeping clean, their environment. This study therefore focuses on exploring the activities of the NYSC in environmental sanitation advocacy in Nigeria. This work is structured into four sections, apart from the introduction, the first section focuses on conceptual clarification of terms, the second section traces the background to the establishment of the NYSC, the third section focuses on the role of NYSC in environmental sanitation advocacy in Nigeria, section four discusses the impact of NYSC in promoting and sustaining health environment in Nigeria and conclusion.

Conceptual Clarification

Sanitation: There are different types of sanitation relating to particular situations, such as basic sanitation which refers to the management of human feaces at the household level. It means access to a toilet or latrine, Onsite sanitation: the collection and treatment of waste at the place where it is deposited. Also, there is food sanitation which refers to the hygienic measures for ensuring food safety. Food hygiene is similar to food sanitation, Housing sanitation: refers to safeguarding the home environment. Environmental sanitation is another form of sanitation that is concerned with the control of environmental factors that form links in disease transmission. This category includes solid waste management, water and wastewater treatment, industrial waste

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

treatment and noise and pollution control. Ecological sanitation: the concept of recycling the nutrients from human and animal wastes to the environment.⁴

Sensitization Campaign

Sensitization according to is an attempt to make one or others aware of and responsive to certain ideas, events, situation or phenomenon.⁵ Sensitization campaign therefore means a group of persons trying to make other people aware about an issue or event.

Community Development Services: Community Development Service (CDS) is one of the four (4) Cardinal Programmes of NYSC in which Corps members contribute positively to the development of their host communities throughout the period of national service. Since its creation in 1973, the National Youth Service Corps has been making great contributions in the social, political and economic transformation of the nation. In recent times, the scheme has been in the vanguard of the nation's drive to correct the imbalance in our rural-urban development through the various community development programmes executed by Corps members. These programmes have revolutionized our communities in the areas of education, health care delivery, agriculture, communication, infrastructure, technology, economic empowerment, poverty eradication, social services and above all national consciousness and socio-cultural regeneration.⁶

Advocacy: Advocacy is an activity by an individual or group that aims influencing decisions within political, economic, and social institutions. Advocacy includes activities and publications to influence public policy,

⁴ L.Hakkim, "Environmental Health and Sanitation" *International Journal of Trend in Scientific Research and Development* Vol.3 No.3, 2019, pp.912-915, URL: <https://www.ijtsrd.com/papers/ijtsrd23107.pdf>

⁵UNICEF, "Community Approaches to Total Sanitation. Field Notes: Case studies from India, Nepal, SierraLeone, Zambia." *Policy and Programming in Practice*. Division of Policy and Practice Programme Division, 2007.

⁶ "ABC" of Community Development Service" NYSC, NDHQ Abuja, October 2014.

The NYSC and Environmental Sanitation Advocacy in Nigeria

laws and budget by using facts, their relationships, the media and messaging to educate government officials and the public. Advocacy can include many activities that a person or organization undertakes which including media campaigns, public speaking, commissioning and publishing research.⁷

Health: The current WHO definition of health, formulated in 1948, describes health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This formulation was ground breaking because of its wide connotation and all implying. It overcame the negative definition of health as absence of disease and included the physical, mental, and social domains.⁸

The Role of NYSC in Environmental Sanitation Advocacy in Nigeria

In its National Environmental Sanitation Policy, the Federal Republic of Nigeria defines Environmental Sanitation as the principles and practice of effecting healthful and hygienic conditions in the environment to promote public health and welfare, improve quality of life and ensure a sustainable environment.⁹ It outlined the essential components of Environmental Sanitation to include: (i) Solid waste management; (ii) Medical waste management; (iii) Excreta and sewage management; (iv) Food sanitation; (v) Sanitary inspection of premises; (vi) Market and abattoir sanitation; (vii) Adequate potable water supply; (viii) School sanitation; (ix) Pest and vector control; (x) Management of urban

⁷ J.A. Obar, “An Analysis of How Advocacy Groups in the United States Perceive and Use Social Media as Tools for Facilitating civic engagement and collective action”, *Journal of Information Policy*, Vol. 2. 1-25.

⁸ M. Huber, H. Hurst and L. Green, “How Should we Define Health” *BMJ Online Journal*, 343 (2011): 1 accessed December 15, 2019.

⁹ Federal Republic of Nigeria, *National environmental sanitation policy* (2005). Retrieved on 12 September 2012,
<http://tsaftarmuhalli.blogspot.com/2011/07/national-environmental-sanitation.html>

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

drainage (xi) Control of reared and stray animals; (xii) Disposal of the dead (man and animals); (xiii) Weed and Vegetation Control; (xiv) Hygiene education and promotion. This comprehensive definition of environmental sanitation encompasses all that is involved in keeping every environment clean and in good condition for the flourishing of life and the planet.

Environmental sanitation practices refer to residents' involvement in provision, utilization, and maintenance of environmental sanitation facilities and services and adherence to environmental legislation.¹⁰ Nigeria like most developing countries has not strictly adhered to adequate environmental sanitation. The principal legislative body charged with the responsibility of ensuring environmental protection in Nigeria is National Environmental Standards Regulatory and Enforcement Agency (NESREA). The NESREA Act of 2007 replaced the Federal Environmental Protection Agency (FEPA). Today NESREA is the main agency which is mandated to enforce compliance with environmental laws, both local and international, on environmental sanitation and pollution prevention as well as control through monitoring and regulatory measures and to make regulations on air and water quality, effluent limitations, control of harmful substances and other forms of environmental pollution and sanitation.¹¹

The environmental situation in many Nigerian cities is in a terrible state of affairs. Living with waste as part of the natural environment has become a way of life.¹² While there are clean cities and villages in

¹⁰O. P. Daramola, *Environmental Sanitation Practices in Residential Areas of Ibadan Metropolis*. PhD Thesis

Department of Urban and Regional Planning, ObafemiAwolowo University, Ile-Ife, 2015).

¹¹ The National Environmental Standards and Regulatory and Enforcement Agency(Establishment) Act of 2007 Ss. 7-8

¹²I. E. Ekong, "An assessment of environmental sanitation in an urban community in Southern Nigeria", *African Journal of Environmental Science and Technology*, Vol. 9, No. 7 (2015); 592-599.

The NYSC and Environmental Sanitation Advocacy in Nigeria

Nigeria, the number of cities and villages and that are in an untidy state would triple those that are clean. Walking through cities like Umuahia, Onitsha, Owerri, Warri and perhaps other major cities like Kaduna and Lokoja, one will find unkempt gutters, streets filled with dirt, market places covered with waste and discarded items, etc. Despite the environmental sanitation day observed in some states in Nigeria, many places are still polluted and dirty. On environmental sanitation days, people pack up dirt from the gutters by the roadsides and heap them by the side of the gutters only for a heavy downpour to wash most of the dirt and garbage back into the gutters. It is reported that on environmental sanitation days, in some major towns, people do not really engage in the sanitation activities. Rather, they lock up their businesses and open up when the sanitation exercise is over.

The situation of the environment therefore calls for a joint action towards bringing about a clean and green environment. Established in 1973, the NYSC (National Youth Services Corps) Scheme was introduced as an avenue for the reconciliation, reconstruction, and rebuilding of the nation after the civil war. It was established based on decree No. 24 of 22nd May, 1973 that stated that the scheme was created "with a view to the proper encouragement and development of common ties among the youths of Nigeria and the promotion of national unity".¹³ The scheme operates by posting Corps members to states other than their state of origin where it is expected of them to mix with people of different ethnic groups, socio-religious and socio-economic background and learn the culture of the indigenes in the location they are posted to.¹⁴ This action is aimed at bringing about unity in the country and helps the youths appreciate other ethnic groups. There is an "orientation" period of three weeks spent in a

¹³ Wikipedia, "National Youth Service Corps", Retrieved from https://en.wikipedia.org/wiki/National_Youth_Service_Corps

¹⁴ Wikipedia, "National Youth Service Corps", Retrieved from...

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

military controlled "camp" away from family and friends after which they are posted to their Place of Primary Assignment (PPA) where they work as full-time staff with exception of one working day devoted for the execution of community development service.¹⁵

The Community Development Service (CDS) which is a year round affair is one of the four (4) cardinal points of NYSC. Through the CDS, Corp members work with the local communities to promote self-reliance by systematically prospecting and executing development projects and programme which impact positively on the socio-economic development of the host communities.¹⁶ The CDS component of NYSC is classified into various categories. The CDS Group whereby Corps Members are formed into various clusters for various purposes and aims; there is the Personal CDS where individual Corps Members can execute project/programme in their host communities based on community's felt needs and there is the Collaborative CDS whereby the scheme partners with National and Non-Governmental organizations and other establishments to implement development programmes.

Under the Collaborative CDS there is the Environmental Protection and Sanitation Group (Eco vanguard, NESREA). The aim of this CDS group is to promote and sustain healthy environment and to create awareness on sustainable environment management and regeneration.¹⁷ It does this by carrying out activities such as tree planting, sanitation, drainage control, erosion control, reforestation, and landscaping.

¹⁵Wikipedia, "National Youth Service Corps", Retrieved from...

¹⁶National Youth Service Corps, "ABCs of Community Development Service". NYSC National Headquarters, Abuja: Press and Publicity Unit, 2015.

¹⁷ M. Abdullahi, and A. I. Chikaji, "Issues In Community Development Service Scheme Of Nigeria's National Youth Service Corps And Its Relevance To Community Development", *International Journal of Research In Science & Engineering*, Vol. 2, No. 6 (2016): 218-224.

The NYSC and Environmental Sanitation Advocacy in Nigeria

NYSC as an Advocate of Environmental Sanitation

As an advocate of Environmental Sanitation, NYSC begins its sensitization from the orientation camp which is usually held in all 36 states and the Federal Capital Territory. During the camping, Corp members are strongly advised on the need to keep good hygiene in their Camp environment. For this reason there are those in the Camp whose duty is to ensure that the Camp is well kept during their period of their orientation. This group of Corps members working with the sanitation department ensures that the camp is kept clean and tidy during the period of their orientation.

The military who introduced the NYSC Scheme usually stresses the need for Corps members to maintain good hygiene while in the camp and during service year. When Brigadier General Ibrahim Kazaure, the then DG visited some states in 2018, he commended the camp officials for keeping the camp clean and ensuring that facilities including the clinic met required standards.

After being posted to their various Places of Primary Assignment (PPA), NYSC ensures that Corp members adhere to the principle of keeping the environment clean and green. This is done through the Environmental Protection and Sanitation CDS group who carry out various tasks to keep their host community clean. During their outdoor activities they carry out activities such as sweeping of roads, clearing of dirty surroundings in the community, filling of pot holes, planting of trees, and any activity that can improve the cleanliness and esthetic beauty of the host community.¹⁸

They also hold seminars in various secondary schools where they discuss topics relating to environmental sanitization. In large Environmental Protection and Sanitization CDS, Corps members are distributed in batches to different schools for these seminars. The

¹⁸ Awajis, "A Day in an NYSC CDS Group Meeting: Environmental CDS Group", Retrieved from <https://awajis.com/nysc-environmental-cds-group/>

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

seminar topics vary ranging from sensitizing the host community on essential parts of cleanliness, career talks to young ones, health talks and other similar subject.¹⁹ The target is to ensure that the young ones, the adults and the community are clean in their minds, body and environment which constitute healthy living.

In addition, Corps member carry out sensitization in market places. For instance during the heat of Covid-19 in 2020, a NYSC team during a visit led by the State Coordinator, Mrs. Olutayo Samuel urged market women to maintain personal hygiene and also adhere to all COVID-19 protocols to stay alive. She refuted the general deception and rumors that the disease doesn't exist or it is only for the rich.²⁰ She emphasized on the fact that Corona virus does not respect the rich nor the poor and the need for everyone to adhere to the rules and regulations of NCDC (National Center for Disease Control) and stay safe. There was a demonstration of hand washing, the use of hand sanitizers, a drama play was displayed to inform the marketers of the need to take precautionary measures and that the COVID-19 pandemic is not a death sentence, if reported earlier.²¹ Mrs. Samuel also charged the market women to report any suspected case of COVID-19 to the NCDC centres in the State or any of the general hospitals.

In a similar event, a donation of hand sanitizers and facemasks were made to the Chairman of Warri South Local Government Area in the State.²² The Chairman Warri South, Hon. Michael E Tidi while receiving the donated items from the NYSC management in the State,

¹⁹ Awajis, "A Day in an NYSC CDS Group Meeting: Environmental CDS Group..."

²⁰ "Corpers Diary", *Facebook*, Retrieved from https://web.facebook.com/724624711032596/posts/nysc-takes-covid-19-sensitization-to-markets-donate-items-to-lgasthe-management-1554737914687934/?_rdc=1&_rdr

²¹"Corpers Diary", *Facebook*, Retrieved from <https://web.facebook.com...>

²²"Corpers Diary", *Facebook*, Retrieved from <https://web.facebook.com...>

The NYSC and Environmental Sanitation Advocacy in Nigeria

commended the Scheme for joining hands with the State Government in the fight against COVID-19 pandemic and their efforts towards environmental sanitization. He pledged to continue to support the Scheme and Corps Members in his Local Government Area as they carry out Community Development Services aimed at keeping the community in good hygienic condition. The Corps members on their own part advised the people on the need to always wash their hands, make use of their nose mask and ensure social distancing. They implores the people to debunk the claims that Covid-19 pandemic have come for the rich alone.

The Impact of NYSC in Promoting and Sustaining Health Environment in Nigeria

Community impact

The involvement of Corps members in sanitation exercises has made their host communities to embrace them and applaud the Scheme. Seeing the manner at which the streets are cleaned up during the sanitation, members of the host communities commented that the Corp members are doing a great job in line with their Community Development Service. A respondent from the host community in Plateau state explains that:

To be honest, the Youth Corps members are one factor that reminds Nigerians on the need to engage in environmental sanitation. Since the 80s when the Muhammadu Buhari military government had included enforcement of sanitation exercises in its War Against Indiscipline, various Nigerian regimes have not been serious with keeping our communities clean. Every first Saturday of the month, we see them carrying out serious sanitation exercises at the city square. They not

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

only engage in the cleaning activities, they also charge the communities to do the same.²³

By way of promoting environmental sanitation, Mr. Ojo testified that the Health Safety and Environmental CDS Group of NYSC Kogi State in 2019 executed a cultural programme titled "Clean the Polluted Land" which has in attendance various community leaders, Corps Members and NYSC officials. During the programme, the Corp members were reported to have taken on a number of public lectures and drama aimed at sensitizing the people on the importance of a clean and green environment.

Moreover, communities have reportedly benefited from the NYSC scheme through sanitation services which may not have been provided by government or private intervention. The same is the case in urban centres where financial institutions, industries and the fueling stations also tap from their expertise. In this way, Corps members do not only make significant impact on their community, their impact is also felt in their respective Place of Primary Assignment (PPA). Speaking on the performance of Corps members regarding their efforts towards promoting and sustaining a healthy environment, one Mr. Ejimofor who is in charge of Corps members at a PPA explains that;

The Corps members are doing well when it comes to keeping this environment clean and tidy. When they first arrived here, I thought they were big boys and big girls who would never think of doing clean ups, but within the first three months of their arrival they had kept a large part of the school environment clean. With discipline, they charged the students to always ensure that the place is well kept. If all the Corps members are being posted to schools exhibit such exemplary

²³ Interview with Austin Maikori, age 40+ Lokoja, 11th March, 2021.

The NYSC and Environmental Sanitation Advocacy in Nigeria

character, we are already on the path to social development.²⁴

Impact on Children, School Students

Through their hard work and dedication, Corp members are being held in high esteem by students who also wish to be like them. Many young people (at the age of leaving secondary school) express their wishes to serve Nigeria as a Corp member. Students have also commended their teachers who are Corps members on their outward appearance, they emphasized on the cleanliness of their iron starched Khaki and bright white which almost always without stains. Their health education teacher who happens to fall under the Health and Sanitation CDS is highly commended for the Health education he inculcated in the children on the need to adopt the habit of regular hand washing after using toilets and before embarking on food preparation or taking meals.

Impact on Corp Members

The activities of Corps members in community development services such as environmental sanitation has led to their being rewarded even after service year. In February 2021, at the Presidential Villa, His Excellency President Muhammadu Buhari with the Honourable Minister Youth and Sports, conferred President's NYSC Honours Award on 110 Ex-Corps Members of the 2018/2019 Service Years. The award offers automatic employment to 110 former Corps members in the federal civil service and scholarship for the pursuit of post-graduate studies up to the doctoral level in any university in Nigeria. In addition to this, the president also announced cash rewards for the former Corps members. He directed the relevant government agencies to ensure timely implementation of all the incentives for the award recipients, urging the honourees to sustain the patriotic zeal that

²⁴ Interview with Mr. EjimoforOkoro, age 47 +GCU Umuahia, 12th March, 2021.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

earned them the award.²⁵ The young men and women being honoured to have excelled in the four cardinal programmes of the scheme, namely: orientation course, primary assignment, community development service and winding-up/passing-out, which formed the basis of assessment for the honours award.²⁶

During an interview with a Corp Member serving in Kaduna state, he expresses his joy with regards to his service at his PPA saying;

In this PPA there are four of us who are members of the Health and Sanitation CDS. During sanitation exercises we call on other Corps members (including those who are not in the same CDS groups with us), and encourage ourselves to do the needful that will ensure the cleanliness and safety of our environment. This place has a lot of bushes around. Sometimes the school authority provided us with food stuffs such as maize, rice, beans palm oil among others, when they see us taking care of the environment. We do not carry out this because we want something from them; it is primarily because if we leave the grasses here unkempt, reptiles such as snake and other wild animals take cover there. Also we, have to keep the place clean otherwise we will be the ones to suffer malaria from mosquitoes. If we the Corps members don't do it, nobody will.²⁷

²⁵ T. Daka and M. Ogune, "Buhari Offers employment, scholarship to 110 ex-Corps members". *The Guardian*. Retrieved from <https://guardian.ng/news/buhari-offers-employment-scholarship-to-110-ex-Corps-members/>

²⁶ T. Daka and M. Ogune, "Buhari Offers employment, scholarship to 110 ex-Corps members". *The Guardian*. Retrieved from <https://guardian.ng/news/buhari-offers-employment-scholarship-to-110-ex-Corps-members/>

²⁷ Interview with Haruna Ibrahim, age 26+ 12th March, 2021.

The NYSC and Environmental Sanitation Advocacy in Nigeria

Challenges Facing NYSC in its Advocacy of Environmental Sanitation.

Ignorance on the parts of the host communities

Ignorance on the parts of the host communities is usually caused by personal factors such as education, poverty, orientation and socialization. Research has shown that educational level plays a significant role in environmental awareness. According to Theodori and Luloff, educated people are more concerned about the environment and place more emphasis on preserving the environment.²⁸ Many reports have showed that an average citizen in especially the less urban areas have still not cultivated the habit of ensuring proper disposal of refuse. Many of them dump refuse indiscriminately and believing that it is the sole responsibility of the government. During an interview with some Corp Members, they explained that;

The communities contribute to polluting the environment in several ways. For example during raining periods, people pour their refuse into water passageway not caring if it goes to stay in another person's house. This is very bad. Others at night dump their refuse bin by the road side and it usually takes a very long time before the agency for waste management shows up to do the clearing. By the time they even show up in some cases, the refuse may have already heaped up that it becomes difficult for the waste trucks to pack them at once.²⁹

²⁸Theodori, G. L.; Luloff, A. E. (2002).Position on Environmental Issues and Engagement in Pro-Environmental Behaviors. *Society And Natural Resources* 15: 471-482.

²⁹Interview with Corp Member Femi Johnson, age 24 12th March, 2021.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

Lack of waste management facilities

One of the challenges facing NYSC in its role as an advocate of environmental sanitation is the lack of waste management facilities. There are no waste vehicles that will effectively evacuate the packed up dirt from the road. Often when NESREA officials are called in, they give out flimsy excuses. In addition to the lack of waste management facilities is the lack of water. It is impossible for one to carry out sanitation exercise without water. Some Corps members complain that during sanitation exercises they (the Corps members) fund the provision of water in some cases. In addition to this, there is a low level of cooperation with and patronization of private contractors who will collect the wastes and thus stop the dumping of wastes in the roadside bins, on the road media, in gutters and rivers.³⁰

Lack of a Sanitation Enforcement Corps

There is lack of an enforcement agency to punish offenders and reward good deeds. In 1983, during the military regime of Buhari/Idiagbon, the government through the military enforced cleanliness on streets and towns. Offenders were punished; a million naira prize was even placed for the best in sanitation activities. The introduction of the monthly sanitation exercise and street sweeping programme made a huge difference and refuse trucks were brought in to evacuate tons of garbage on daily basis while hand cart refuse collectors were gradually being phased out.³¹ However since the democratic dispensation, many Nigerian cities and towns have returned to their 'filth' way of life.

³⁰ M. O. Ikeke, 'Environmental Sanitation and Human Security in Nigeria: An Environmental Ethical Perspective', *Journal of Sustainable Development in Africa* Vol. 16, No.6, (2014); 45 – 59.

³¹ *Guardian*, "On the Environmental Sanitation day", Retrieved from <https://m.guardian.ng/opinion/on-the-environmental-sanitation-day/>

The NYSC and Environmental Sanitation Advocacy in Nigeria

Conclusion

In the light of the above, this study has been able to examine the role and impact of NYSC as an advocate of environmental sanitation exercises. The foregoing goes to show that while some people are clamouring for an end to the NYSC scheme, many more have also embraced the scheme and supported Corp members in different host communities. The roles of the Health and Environmental CDS in particular have shaped the views of many regarding the question whether NYSC should be scrapped or not.

Seeing the role played by NYSC in bringing about a clean and healthy environment, it now beckons on the government to be actively supportive in the process. For the government to bring about a clean Nigeria, This study recommends that firstly, enlightening communities on the importance of Environmental Sanitation creates understanding that it is the issue of legality; right or wrong; that is, right to preserve and keep a clean environment that will foster human health and security and very wrong not to preserve and keep a clean environment.

Secondly, there is a necessity for provision of adequate waste management facilities to carry out environmental sanitation activities effectively. The local authorities should endeavour to provide more refuse containers and place them at strategic positions and also purchase the waste trucks for evacuating refuse regularly. The various communities could as well be empowered with sanitation tools like spades, cutlasses, wheelbarrow etc. for effective participation. Thirdly, the government needs to introduce an environmental Law Enforcement Corps. Legislations should be enforced concerning indiscriminate dumping of refuse at road-sides and non participation in the regular community sanitation exercise and defaulters should be made to face the full wrath of the law.³²

³²Ekong, "An assessment of environmental sanitation..."

THE NYSC AND NIGERIA'S HEALTH SECTOR

Ayodele Christian

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THE NYSC AND NIGERIA'S HEALTH SECTOR

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NYSC and Environmental Sanitation Advocacy in Nigeria

15

**NYSC and Environmental Sanitation Advocacy in
Nigeria (A Review of NYSC Environmental Protection
and Sanitation CDS Group activities in Anambra State)**

Ntagu, Miracle Promise
and
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Introduction

All over the world, poor environmental quality is increasingly recognized as a major threat to social and economic development and

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

even to human survival¹. The impacts of environmental deterioration are severe on developing countries thus hindering and undermining their development². The living environment is well polluted owing to social misdemeanor of indiscriminate littering, improper domestic waste water discharge, and poor sewage disposal. These behaviours promote unsanitary living conditions which result in the breeding of communicable disease. Poor environmental sanitation practices exhibited in the disposal of solid waste, waste water and excreta, cleaning of drainage including personal, household and community hygiene significantly contribute to infant and child mortality. This is contrary to the notion of environmental sanitation which aims at developing and maintaining a clean, safe and pleasant physical environment in all human settlements. Environmental sanitation comprises the disposal and treatment of human excreta, solid waste and waste water, control of disease vectors, and provision of washing facilities for personal and domestic hygiene which work together to form a hygienic environment³.

Improved environmental condition affects positively a wide range of development indicators. Thus, environmental sanitation is a channel to improved quality of life of the individuals and a contributor to their social, economic and physical development. Numerous studies have shown that the incidence of many diseases is reduced when people have access to, and make regular use of adequate sanitary

¹Acheampong, P. T. (2010). Environmental Sanitation in the Kumasi Metropolitan Area. A Master of Science Thesis Submitted to the Department of Planning. Kumasi: Kwame Nkrumah University of Science and Technology.

²Bello, H. (2007). Environmental Sanitation Practices in the core of Ikorodu, Lagos state. (Unpublished) Bachelor of Science Dissertation submitted to the Department of Urban and Regional Planning Obafemi Awolowo University Ile-Ife, Nigeria.

³Adimekwe S.A. (2013). The Impact of Environmental Pollution in Imo State: A Case Study of Okigwe Local Government Area. Journal of Educational and Social Research 3(5): 79-85.

NYSC and Environmental Sanitation Advocacy in Nigeria

installations⁴. It has been documented that about 24% of global diseases with high mortality ratio is caused by environmental exposures which can be averted. Nevertheless, most of these deaths are preventable through adequate environmental sanitation practices. Environmental sanitation practices refer to residents' involvement in provision, utilization, and maintenance of environmental sanitation facilities and services and adherence to environmental legislation. In Nigeria, adequate environmental sanitation practices have not been ensured. They are characterized by lack of basic amenities and poor sanitation habits. General access to environmental sanitation facilities and services by citizens remains very poor. Nigerian cities are characterized by rapid population growth which is not accompanied by a corresponding increase in the delivery of environmental sanitation facilities and services capable of enhancing environmental sanitation practices. The resultant effects of these are unsanitary and unhealthy environmental conditions that are prevalent in Nigerian urban centres.

In Africa, the importance of safe environment is garnering the much needed attention. Several countries like South Africa and Kenya have promulgated laws to ensure that environment is made friendly to people and businesses. South African Municipal Services Act Section 73 explicitly tasked municipalities with the right of access to adequate housing, human dignity and safe environment. The section of the population that are confronted with poor environmental sanitation often lack most basic human needs and are usually victims of poverty, diseases and overall poor quality life⁵.

The conditions of inadequate environmental sanitation are as a result of the attitude of both the government and the populace. In Anambra

⁴Aremu, A. S. (2012). Assessment of Sanitation Facilities in Primary Schools within Ilorin, Nigeria. *Journal of Applied Sciences in Environmental Sanitation* 7(1): 29-33.

⁵Daramola, O. P. (2012). Clapping With One Hand: The Case of Urban Environmental Sanitation Practices In Nigeria *Journal of Applied Technology in Environmental Sanitation* 2(4): 223-228.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

State, citizens including companies have formed the habit of indiscriminate disposal of wastes along the streets and in the water channels. Often times, this was as a result of the government's inability to educate the public, provide waste receptacles and evacuate wastes promptly. More so, the populace sees social infrastructures as not belonging to anybody but to the government. The recent upsurge in urbanization coupled with inefficient waste management system in major cities and some developing towns in Anambra State gives great concern. The development simply reflects the situation where population is increasing without corresponding increase on waste management facilities. Inadequate waste management system in the State necessitates the study of the prevailing situation in order to ensure that a sustainable system is designed and maintained. An Integrated Waste Management System (IWMS) would be required to provide comprehensive measure to accomplish all these objectives.

The National Youth Service Corps (NYSC) scheme was created in a bid to reconstruct, reconcile and rebuild the economy after the Nigerian Civil War. It was established by decree No. 24 of 22nd May, 1973 which stated that it is being established "with a view to the proper encouragement and development of common ties among the youths of Nigeria and the promotion of National Unity". Poverty, mass literacy, shortage of skilled manpower, inadequate socio-economic infrastructural facilities, disunity, intolerance, etc. are other conditions that plagued the country which necessitated the then Yakubu Gowon administration to rethink. The NYSC Community Development Service (CDS) is a year-round affair. It is one of the four (4) cardinal points of NYSC. Through the CDS, members of the Service Corps work with the local communities to promote self-reliance by systematically prospecting and executing development projects and programme which impact positively on the socio-economic

NYSC and Environmental Sanitation Advocacy in Nigeria

development of the host communities⁶. Each Corps Member is compulsorily assigned to a particular CDS group as his/her Group CDS, while Personal CDS project/programme is optional for interested Corps Members. Group CDS is to be attended once in a week and the remaining four (4) days for Place of Primary Assignment. Place of Primary Assignment is the institutional attachment of Corps Members where they are expected to work like staff. The Environmental Protection and Sanitation CDS Group of the NYSC is created to do the following;

- To promote and sustain healthy environment
- To create awareness on sustainable environment management and regeneration
- Tree planting
- Sanitation
- Drainage Control
- Erosion Control
- Reforestation.
- Landscaping

This paper is therefore set to discuss the role of NYSC in environmental advocacy in Nigeria.

Problem Justification/Questions

Poor environmental condition has several consequences on public health. Inadequate environmental sanitation system could be related to weak laws and unruly attitude of the citizen. In most developing countries like Nigeria, the main sanitation related diseases are diarrhoea, lower respiratory tract infections and malaria. Diarrhoea causes the most death in human than other environmental factors. For instance, the WHO estimated deaths resulting from diarrhoea to about

⁶NYSC (2014): NYSC Magazine, The Journal of NYSC Directorate Headquarters.
Abuja: National Youth Service Corps Service.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

1.6 to 2.5 million every year. In Nigeria, the reported cases of diarrhoea prevalence saw an unprecedented increase from 6,600 in 2013 to 35,996 in 2014. Furthermore, Nigeria loses about N455 billion annually which is equivalent to 1.3% of her Gross Domestic Product (GDP), due to poor sanitation as reported by World Bank.

These factors would need to be addressed holistically in order to ensure favourable environmental conditions. Consequently, the research will attempt to find solution to the following problems:

- a. Ineffective environmental and public health laws in Nigeria.
- b. Inadequate public health manpower to facilitate environmental sanitation in Nigeria.
- c. Incoherent intervention mechanism during outbreak in Nigeria.
- d. Inadequate waste management policies and programmes in Nigeria.
- e. unruly attitude of the residents towards safe waste disposal, personal and community sanitation.
- f. Incompetency in the side of staff and associate private sectors involved in waste management in Nigeria.

To effectively discuss the role of NYSC in environmental advocacy in Nigeria, the following pertinent questions are raised to guide this paper;

- a. Which Agency is charged with environmental sanitation in Anambra State?
- b. How has the effort of different State Waste Management Agency impacted to the environment in Nigeria?
- c. What measures are being taken by NYSC Environmental Protection and Sanitation CDS group to improve hygiene in Nigeria?
- d. Does Anambra State have relevant laws to support environmental sanitation in the State?

NYSC and Environmental Sanitation Advocacy in Nigeria

- e. What are the consequences of poor environmental sanitation on public health?

The Study Area

The study area is Awka, Nnewi and Onitsha, in Anambra State, located in south-eastern part of Nigeria. Awka, Nnewi and Onitsha are the administrative, commercial and industrial areas in the state. Awka, Nnewi and Onitsha in 2006 had a population of 987,156⁷. These cities are mainly covered by six Local Government Areas (LGAs) – Awka North, Awka South, Nnewi North, Nnewi South, Onitsha North and Onitsha South and the six contains 86 political wards delineated for electoral purposes. As common to most typical traditional African cities, three homogeneous residential zones are identified in Anmabra. These are the core, the transition and the sub-urban. The level of development in the residential zones varies with the different historical period's common in African countries: pre-colonial, colonial and post-colonial.

Each of these zones is observed to be internally homogeneous in terms of physical characteristics, socio-economic status and availability of environmental amenities. The core, transition and sub-urban are respectively associated with high, medium and low residential areas respectively. Pre-colonial development in any African city with long historical origin is attributed to the traditional town centre or core of the city which is predominantly occupied by indigenes. Residential buildings in this zone are closely built together and connected to one another with foot paths in a serpentine manner. The houses are mainly of traditional courtyard system and Brazilian type (popularly called face-me-I-face-you in Nigeria). The zone is usually devoid of adequate environmental amenities.

⁷Federal Republic of Nigeria (2017).National Bureau of Statistics. Abuja.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

The transition residential zone features house types such as flats and face-me-I-face-you which are mostly characterized with road accessibility and better provision of environmental amenities. The presence of heterogeneity of residents is introduced in this zone as well as improved socio-economic characteristics. The sub-urban residential zone is characterized with well layout plans. The ethnic composition is also heterogeneous and the residents mostly engage in white collar job. The building types comprised mainly flats and duplexes with small private open spaces. Also, the zone is of better provision environmental amenities compared with the other two zones.

Clarification of Concepts

Environmental Sanitation

World Health Organization (WHO) defines environmental sanitation as the control of all those factors in man's physical environment which exercise deleterious effect on his development, health and survival. The definition by the WHO covers all aspect of environment by qualifying it with physical. However, it did not qualify the circumstance with certain degree that will justify the occurrence deleterious effect. Environmental sanitation as the principle and practice of effecting healthful and hygienic conditions to promote public health and improve quality of life⁸. The positive nature of this definition encompasses all that would be thought of environment. Consequently the sanitation is not just limited to physical aspects as propounded by WHO but to include all that would enhance quality of life. This definition implies some factors like portable water, affordable housing and infrastructures. It is therefore necessary to ensure adequate environmental sanitation which will involve neatness and orderliness.

⁸Mansaray, A., Ajiboye, J. O., & Audu, U. F. (2018). Environmental Education Research, Vol. 4 (3, 10-16.) Ugolo, M.J. (1998) Enviormental Law Enforcement: Roles, option and Methods; Paper presented at a Train – the - Trainers Workshop on Environmental Management at Enugu, Nigeria 21-22 May.

NYSC and Environmental Sanitation Advocacy in Nigeria

The essential environmental sanitation activities include solid waste, medical waste, excreta and sewage management. It also includes food sanitation, sanitary inspection of premises and school sanitation. Furthermore, market and abattoir sanitation, potable water supply, pest and vector control, management of urban drainage, control of reared and stray animals are also included. Environmental sanitation also covers weed and vegetation control, disposal of the dead animals, hygiene education and promotion.

Public Health

Institute of Medicine, USA defined public health as the combination of assessment, policy development and assurance that is directed to the maintenance and improvement of the health of all the people through collective or social actions. It is a set of organized interdisciplinary efforts to protect, promote, and restore the public's health. The mission of public health is to promote physical, mental and environmental health and prevent disease, injury and disability⁹. Oxford Textbook of Public Health, defined public health as scientific, social and political endeavor that aims to improve the wellbeing of communities or populations. The scope and concerns in public health, entails process of mobilizing and engaging local, state, national, and international resources to assure the conditions in which people can be healthy. The definition of Ukpong is apt and covers all necessary aspects as such it is adopted for this study.

Waste

Human being in the process of living and carrying out daily activities intentionally and unintentionally generate unwanted products. These products, which are termed as waste, need to be properly managed to avoid littering and polluting the environment or constituting health

⁹Ukpong, S. (2015) Environmental Education batis Calabar. Saju Institution and Research

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

hazards. Waste is defined as that which is cheaper to throw away than to make further use of. The researcher views this definition as inadequate, as certainly some wastes are cheaper to reuse or recycle than to discard. Waste could be distinguished from product because product could be sold at positive prices while waste cannot. The economic assumption underlying this definition is faulty because waste materials can be profitably sold. Typical example is most oil palm companies in Nigeria that export palm kernel residue, a waste product, to Europe thus earning foreign exchange. Omole opines that waste is not a prime product. He asserts that waste can arise from 2 sources, production or manufacture and discarding leftovers. Waste therefore arises out of activities of man and nature. Waste is an inevitable by-product from the use of natural and manmade resources¹⁰. The amount and make-up of waste in any given area depends on population density, economic prosperity, time of year, type of housing and waste minimization initiatives.

Waste production can be minimized by adopting the principles of Reduce, Reuse, and Recycle (3R)¹¹. This process can reduce the wastes generated by approximately 50 per cent.

Recycle

The process of recycling has diverted several million tons of material away from disposal. Recycled materials include batteries, paper and paperboard and yard trimmings. These materials and others may be recycled through drop off centres, buy-back programmes and deposit systems. Recycling prevents the emission of many greenhouse gases

¹⁰Omole.(2013). Poverty, Sanitation and Public Health Nexus Implications on Core Residential Neighbourhood of Akure, Nigeria. International Journal of Developing Societies 2(3): 96-104.

¹¹Stern, P.C. (22013). Poverty, Sanitation and Public Health Nexus Implications on Core Residential Neighbourhood of Akure, Nigeria. International Journal of Developing Societies 2(3): 96-104.

NYSC and Environmental Sanitation Advocacy in Nigeria

that affect global climate, water pollutants, saves energy, supplies valuable raw materials to industry and creates jobs. It stimulates the development of greener technologies, conserves resources and reduces the need for new landfills and combustors. Recycling can create valuable resources and it generates a host of environmental, financial, and social benefits. Materials like glass, metal, plastics, and paper are collected, separated and sent to processing centres where they are processed into new products.

Types and Management of Wastes

The management of waste depends on the physical state of such waste. Waste could be disposed without having any further value while some others could be processed and utilized as input in other production lines. Recent technology has enhanced ways of handling wastes by using modern machinery and processes to convert waste to inputs for other processes like power generation. Wastes are classified into liquid, gaseous and solid wastes¹².

Solid Wastes

Solid waste is usually classified according its sources, for instance, there are Municipal Solid Waste (MSW), industrial waste, agricultural waste and construction waste among others. Amongst all these types of solid waste MSW is mostly common to all strata of the population. Whenever reference is made to heaps or litters of waste on the streets, it is simply referring to MSW. It is therefore in this light that discussions on solid waste will primarily be center on MSW. The term MSW is generally used to describe most of the non-hazardous solid waste from a city, town or village that requires routine collection and transport to a processing or disposal site. Sources of MSW include private homes, commercial establishments and institutions, as well as

¹²Anijah-Obi, F. N. (2011). Fundamentals of Environmental Education and management: Calabar: University of Calabar Press.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

industrial facilities¹³. However, MSW does not include wastes from industrial processes, construction and demolition debris, sewage sludge, mining waste or agricultural wastes. MSW is also called trash or garbage. Municipal solid waste contains a wide variety of materials like food waste classified as wet garbage and paper, plastic and bottles classified as dry garbage.

Waste treatment techniques seek to transform the waste into a form that is more manageable, reduce the volume or toxicity of the waste thus making the waste easier for disposal. Treatment methods are selected based on the composition, quantity, and form of the waste. Some waste treatment methods being used today include incineration, open burning, sanitary landfills, control dumping, composting and Integrated Waste Management System (IWMS). The IWMS takes an overall approach of creating sustainable system that would be affordable, socially acceptable and environmentally friendly. An IWMS system involves selection of different treatment methods most suitable for waste management in an area. It should be noted that treatment and disposal options are chosen as a last resort to waste minimization strategies.

Liquid Wastes

Liquid wastes include effluents of industries, fertilizer and pesticide solutions from agricultural fields; leachate from landfills, urban runoff of untreated waste water and mining wastes. Boakye classified liquid wastes in Nigeria as being largely untreated and are discharged into open drains, streams, rivers or sea¹⁴. There is practically no city in

¹³Shanghai, A. C. (2014). The socio-cultural and economic Factors in environmental protection, Paper presented at a seminar for environmental Health Officers in the United Local Government Service of Delta State. 2224 August.

¹⁴Boakye, S (2013). Understanding the importance of environmental Education: An examination of I have a clean San Diego: A Local Environmental Nonprofit Org. ESYS 190B Senior Project June 2.

NYSC and Environmental Sanitation Advocacy in Nigeria

Nigeria with a comprehensive sewage treatment system. These liquid domestic and industrial wastes are causing serious environmental degradation. Furthermore, some liquid wastes contain metals, industrial chemicals and pesticides. These elements modify the natural habitats of areas they pass. Uncontrolled flow of liquid waste encourages spread of diseases as it contaminates water bodies along its course. There are 2 main methods of treating liquid wastes and these are sewage treatment and removal of ammonia. Sewage treatment could be through dilution, mechanical, biological or chemical treatment. The process of the removal of ammonia involves the treatment of industrial effluents with chemical or primary treatment by methods of neutralization, sedimentation, coagulation and precipitation. This would be followed by biological or secondary treatment using activated sludge and trickling filter method. Finally, the treatment will be concluded using the tertiary treatment by methods of reverse osmosis or chemical oxidation.

Gaseous Wastes

Gaseous wastes refer to the wastes released into the atmosphere in the form of gases from automobiles, factories and burning of fossil fuels. The gaseous wastes include carbon dioxide, methane, chlorofluorocarbo, oxides of nitrogen, carbon monoxide and oxides of sulfur. These gaseous wastes can cause serious environmental hazards. It is therefore, very important to take appropriate steps for the proper management and control of gaseous wastes in the environment. Gaseous wastes could be managed using any of the listed measures:

- a. The gaseous pollutant can be removed by absorption in wet scrubbers.
- b. The use of smokeless chulhas, solar cookers and biogas can reduce the production of smoke.
- c. The industries should use precipitators, scrubbers and filters to check production of particulate matter.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

- d. The emission of hydrocarbons from vehicles can be checked by the use of unleaded petrol.

Forms of Environmental Sanitation and Diseases Associated with Poor Sanitation

Environmental sanitation entails different activities which will contribute to clean and safe environment. Among these activities are water and environmental sanitation, air sanitation including personal and community hygiene¹⁵. These are discussed in the following paragraphs.

Water and Environment Sanitation

Sanitation is not only considered to be critical for dignity and health, it is also the most basic form of source water protection. The failure to control seepage and effluent by allowing them into water bodies will necessitate huge cost for treatment and purification of water for drinking and domestic uses. In 1990, at the World Summit for Children, a resolution on universal access to safe water and sanitation by the year 2000 was adopted. This was with the aim of promoting the survival, protection and development of children. Hutton explained that during the period 1990-2000, US\$15.7 billion investment was made to water supply and sanitation improvement in developing regions¹⁶. Poor water and sanitation have a number of both direct and indirect impacts to human health. The most direct impacts are the hazards on the environment, human being and ecological habitat. Poor quality water infects human beings with various forms of disease. The common ones are diarrhoea, helminthes and trachoma that lead to

¹⁵Dietz, T., Stem, P. & Guagnano, G. (2018). Social structural and social psychological bases of environmental concerns: Environment and Behaviour. 30

¹⁶Hutton. (2018). Environmental values and the subjective assessment of residential quality: Dissertation Abstracts International 41 (1), 433 A

NYSC and Environmental Sanitation Advocacy in Nigeria

blindness. Several diseases impacts negatively on society in terms of healthiness, productivity and output. In addition to these direct effects, inadequate water management policies can also expose the population to vector-borne diseases like malaria. The implication of these demerits is that, adequate plan must be made to prevent seepage and effluent flowing into water bodies. In addition, arrangement would be made for quick response in case there is any outbreak to prevent spreading.

Air Sanitation

Air pollution, both indoors and outdoors, is a major environmental health and economic problems, affecting developed and developing countries alike. According to Sherbinin, an estimated 3 million deaths occur each year as a result of air pollution. They further estimated that about 1.4 billion urban residents breathe air that exceeds WHO air quality guidelines worldwide¹⁷. These guidelines have provided background information that enables countries to set their national air quality standards in the context of existing environmental and economic conditions. The Air Management Information System (AMIS) of WHO, which assesses trends in ambient air pollution, has been planned as a component of WHO's Global Air Quality Partnership. This partnership brought together UN agencies, international and governmental institutions, research/academic bodies as well as Non-Governmental Agencies (NGO) in collaborative information sharing.

The continuous and uncontrolled gas flaring by oil companies and fumes from manufacturing companies are aggravating consequences of air pollution in Nigeria. As a result, comprehensive air pollution control programme that will include adoption of a multidisciplinary approach and collaborative efforts of different entities are necessary.

¹⁷Sherbinin (2011).The significance of household characteristics on housing quality in Nigeria Journal and geography and planning science.2 (2) 1- 10.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

The programme would include various technical, legal, and economic instruments also administrative and jurisdictional arrangements being used to control pollution. Exposure to biomass smoke has been confirmed to be disastrous to human health both children and adults. Potential solutions to the problems associated with use of biogas in poor countries are highly dependent on the specific needs of a particular household energy system. Measures that could be taken to address the problem include improved stoves, cleaner fuels and housing modifications. The prime benefit of these preventive actions is low mortality rate through reduced exposure to indoor air pollution.

The link between poor water quality, sanitation and hygiene with health is broad and mutual. Diseases such as diarrhoea, schistosomiasis, trachoma and intestinal nematode infections are still prevalent today, and suffered by a large number of people, mainly in developing countries. In the year 2015, WHO estimated 4 billion cases of diarrhoea, with diarrhoeal diseases accounting for 2.2 million deaths worldwide that is about 5% of total deaths.

Human excreta have been associated with the transmission of many infectious diseases including cholera, typhoid, infectious hepatitis, polio, cryptosporidiosis, and ascariasis¹⁸. Poor sanitation gives many infections the ideal opportunity to spread. Sherbinin noted that among human parasitic diseases, schistosomiasis ranks second behind malaria in terms of socio-economic and public health consideration in tropical and subtropical areas. He also stated that, the disease is endemic in 74 developing countries, infecting more than 200 million people. Of these, 20 million suffer severe consequences from the disease.

Infection with trachoma is the leading global cause of preventable blindness. Trachoma is closely linked to poor sanitation and is one of

¹⁸National Policy on Environment (1989), Lagos; Federal Environmental Protection Agency

NYSC and Environmental Sanitation Advocacy in Nigeria

the best examples of an infection readily preventable through basic hygiene. Six million people worldwide are permanently blind due to Trachoma. Trachoma is spread by a combination of poor sanitation, and allowing the flies that spread the infection to breed. It is also caused by poor hygiene associated with water scarcity, poor water quality and lack of understanding of how easily the infection can spread.

Analysis of results/Hypotheses

There is no significant relationship between the NYSC environmental protection advocacy and environmental sanitation in terms of classroom sanitation, school compound sanitation and provision of refuse dumps. The independent variable in this hypothesis is environmental protection advocacy while the dependent variable is the role of NYSC in school sanitation in terms of classroom sanitation, school compound sanitation and provision of refuse dumps. The hypothesis was tested using Pearson's Product Moment Correlation statistics since the variables were measured on a continuous scale. The results are shown table 1.

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

Table 15.1: Pearson product Moment Correlation of environmental awareness and school sanitation in terms of classroom sanitation, school compound sanitation and provision of refuse dumps (N = 300).

Variables	X	SD	ΣX^2	ΣY^2	ΣXY	R	Sig. Level
Environmental protection advocacy	15.443	2.144	1604.357				
Classroom sanitation	14.511	2.161	162.454	1161.729	.719	.000	
School compound sanitation	14.957	2.375	1968.357	1023.643	.576	.000	
Provision of refuse dumps	15.094	2.103	1543.889	957.386	.620	.000	

* p< .05, df = 298 critical r = 01113

The result indicates that the calculated value for environmental protection advocacy and environmental sanitation is .719, which implies that there is a positive relationship between NYSC environmental protection advocacy and environmental sanitation in Anambra State. The positive relationship means that as the NYSC environmental protection advocacy increases, environmental sanitation also increases and vice versa. Since the calculated r value (.719) is greater than the critical r value of 0.113 at .05 significant level and 298 degrees of freedom, it means that the observed positive relationship between environmental protection advocacy and classroom sanitation is statistically significant. Therefore, the null hypothesis is rejected. Also, for environmental protection advocacy and

NYSC and Environmental Sanitation Advocacy in Nigeria

environmental sanitation, the calculated r value is .576, which indicates that there is a positive relationship between the two variables. In other words, as the NYSC environmental advocacy increases, environmental sanitation also increases and vice versa. As it is, the observed positive relationship is statistically significant because the calculated r value (.576) is greater than the critical r value of 0.113 at .05 significance level and 298 degrees of freedom. This means that there is a significant positive relationship between the NYSC environmental protection advocacy and environmental sanitation in Nigeria. The null hypothesis is therefore rejected. Similarly, for environmental protection advocacy and provision of refuse dumps, the results in table 1 indicate that the calculated r value is .620. This implies that there is a positive relationship between environmental awareness and provision of refuse dumps. Indeed the positive relationship means that as environmental protection advocacy increases, provision of refuse dumps also increases, and vice versa. Again since the calculated value (.620) is greater than the critical value of 0.113 at .05 significance level and 298 degrees of freedom, it means that the observed positive relationship between the two variables is statistically significant. Therefore the null hypothesis is rejected.

Also lack of proper implementation of environmental education at all levels of education in the state could be responsible for the low level of environmental awareness observed in the area¹⁹. The findings support Ebong, who attributed most urban problems to lack of public awareness on matters concerning the environment. He therefore recommended a well-articulated environmental education as a panacea for solving these problems. According to him, for Environmental Education to be effective and result oriented, it must involve a wide

¹⁹EbongInyang- (2002). Dimension of literacy for all by the year 2000: implication for Teachers Education and Media Design and Publication, in A. O. Aboden et al: Literacy and Reading in Nigeria, Vol. 6 CalabarUnical Computer Centre

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

range of methods and strategies aimed at increasing public awareness and understanding, as well as sensitivity and concern for their environment. A well-articulated Environmental Education programme will also enable people to be responsive, willing and committed to issues affecting the environment.

Discussion of Results

The statistical analysis carried out on the above hypothesis showed that environmental protection advocacy has a significant relationship with environmental sanitation in terms of classroom sanitation, school compound sanitation and provision of refuse dumps. This implies that the desire and need of school personnel to maintain a healthy school environment depends completely on their level of awareness concerning the environment. School personnel who are aware that the environment is part of their existence tend to make their schools convenient and conducive for teaching and learning with the availability of eco-friendly facilities. In other words, school personnel who know the negative impact of poor and substandard environment on human health and teaching and learning are more likely to maintain quality school sanitation in terms of classroom sanitation, school compound sanitation and provision of refuse dumps than those with little or no knowledge or awareness. It is obvious that school personnel with good level of environmental awareness would likely carry out varying environmentally friendly activities, these would include keeping their classrooms clean, providing dust bin around the school premise, cleaning up toilets and gutters, sweeping their surroundings, planting trees to create buffer zones for the regulation of the local temperature and disposing waste in an eco-friendly manner. The choice of keeping classrooms clean, school compound tidy and providing refuse dumps depends on school personnel awareness of inherent consequences of either lack of or wrong choice of these basic features of a school in terms of durability and safety, in coming solar radiation and reflexivity, and air movement. For instance, if school personnel are

NYSC and Environmental Sanitation Advocacy in Nigeria

aware of the health and environmental implications of indiscriminate disposal of waste in the school environment, they would be motivated to make provision for facilities to collect and dispose waste in the regular sanitation of their school environment, and avoid indiscriminate disposal of refuse.

The observed positive environmental behaviour is purely due to the fact that, through environmental awareness, NYSC members have come to gain ample knowledge of the workings of the school environment and the consequences of not taking good care of the school environment. The result of the study with respect to this hypothesis further highlights the importance of environmental awareness in tackling school sanitation problems. It is therefore imperative that all aspects of human development should incorporate environment education components to address behavioural factors and enhance public participation and active involvement in environmental issues.

Conclusion and Recommendations

From the result of the study, it was concluded that environmental protection and sanitation advocacy and awareness significantly relates to environmental sanitation in terms of classroom sanitation, school compound sanitation and provision of refuse dumps of schools where NYSC Members are posted to serve. That is, environment protection advocacy and awareness leads to the maintenance of classroom sanitation, school compound sanitation and provision of refuse dumps which in turns have positive impact on the health of their students both in Anambra State and the Nigerian nation at large. To enhance the above; the study came up with the following recommendations;

1. Adequate measures should be put in place where environmental awareness is sustained in the secondary schools in Anambra State. This will not only increase the principal and teachers awareness about environmental issues, but also sensitize the students, with this measure;

THE NYSC AND NIGERIA'S HEALTH SECTOR

N. M. Promise and P. C. Victory

every member of the school is not only carried along in the environmental sanitation drive but every member of the society.

2. NYSC Environmental Protection and Sanitation group Environmental experts should be brought to the schools once in a while to mount workshops or seminars on school sanitation. This will equip the school community with the necessary information and knowledge in the maintenance of a healthy school environment.
3. The government would require taking conscious steps in tackling the environmental sanitation menace in the state. The strategies to be taken to enhance the situation include engaging more private sectors through PPP, citizen mobilization and environmental education. Others include strengthening of the Anambra State Waste Management Agency (ASWAMA), adequate town planning structure, waste reduction techniques and waste to wealth methods.
4. To ensure effective waste management, the NYSC must continue to mobilize the citizens through sensitization and environmental education. Sensitization will bring about adequate citizen participation and private sector partnership. The public agency such as ASWAMA alone cannot achieve success in waste management without corresponding positive collaboration with the citizens and the private sector. Citizens and public sensitization will bring about the much needed development and initiation of neighborhood spirit. The residents will then develop a sense of belonging, some emotional attachment to their neighborhood and thus display a sense of commitment to the cleanliness of the neighborhood.
5. Anambra State town planners need to re-examine their objectives especially in the upcoming cities and try to

NYSC and Environmental Sanitation Advocacy in Nigeria

address the issue of waste management generation. They will need to make provision for appropriate waste center where waste management team to pick up garbage for proper disposal. If waste management issues is taken and handle properly then it would be another source of generating revenue. This will enhance the economy and as well contribute to the standard of living of the citizen by creating employment opportunities.

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NYSC DG, Brig. Gen. S. Ibrahim paid a visit to Injured Corps Member in Ekiti Hospital.



Sensitization on the importance of breast feeding to both mothers and children by NYSC Corps members



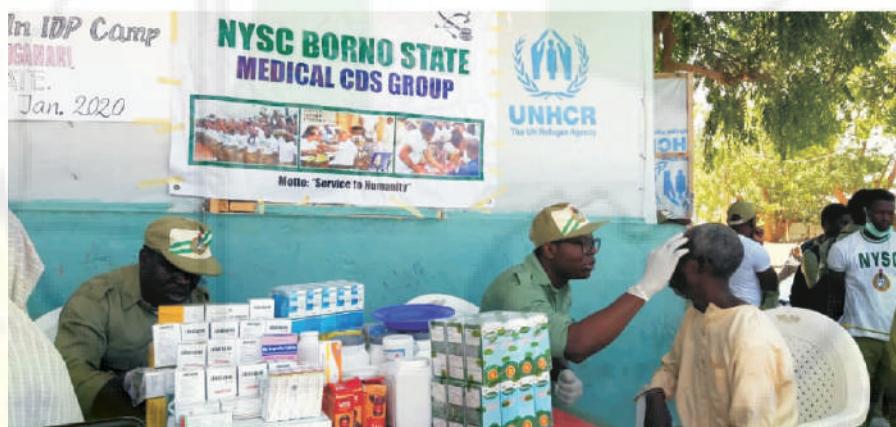
Brigadier General S. Ibrahim inspecting the registration process of
Corps members at the Orientation Camp



Corps Health team during registration process of
Corps members at the Orientation Camp



Unveils an Ultra-Modern Medical Centre at the NYSC Permanent Orientation Camp Iseyin, Oyo State.



Corps Medical Personnel attending to people



Mobile Clinic Branded vehicle Donated By Royal Heritage Health Foundation (RHHF), Ilorin, Kwara State for the NYSC HIRD Programme in Kwara State



Corps Medical Personnel attending to People of Igbo-Owu Community after the Flag Off Ceremony



Medical Outreach at the Disabled Settlement Karunmajiji, Abuja.



Medical Outreach



Medical Outreach



BEFORE
MEETS
AFTER



NYSC Member Transforms dilapidated Old & abandoned
Tepatan Health Center, Moro LGA, Kwara State



A Sensitization and awareness programme organized in
Tarka Local Government Area, Benue State by NYSC Corps Members.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

16

**NYSC and the Campaign for a Drug Free Society in
Partnership with National Drugs Law Enforcement
Agency (NDLEA)**

Abubakar Ishaq

Introduction

Illicit drug use and substance abuse have become a serious threat to public health and law enforcement globally. Drug abuse is a health and social problem with distinct conditions and problems that vary locally. The use of psychoactive substances among adolescents and youths has become a subject of public concern worldwide due to the fact that it contributes potentially to deliberate or undeliberate harm/injury. Drug abuse, addictions and trafficking has a universal propaganda that

300

NYSC and the Campaign for a Drug Free Society in Partnership...

transverse across socioeconomic, cultural, religious, and ethnic boundaries.¹ The issue of drug abuse in Nigeria has turned out to be a serious problem to the moral and health status of larger number of its population. The practice of substance abuse in Nigeria was said to be an old tradition but its growth was attached to the return of Nigerians who served as soldiers to Great Britain during the World War 2 in areas of Burma and India. This soldiers brought seeds of cannabis and initiate² it's planting and use in Nigeria. With this, drug trafficking and abuse continued to grow.

In response to the upsurge of trafficking and illegal use of psychoactive substances in the country and following the coming into force of the global 1988 Convention Against Illicit Traffic in Narcotics Drugs and Psychotropic Substances, the military government of General Sani Abacha, in what was perhaps the most drastic development in Nigeria's drug control history, enacted the National Drugs Law Enforcement Agency (NDLEA) Decree No. 48 of 1989. The agency was charged with the responsibility of eliminating the growing, processing, manufacturing, selling, exporting, and trafficking of hard drugs.³ The agency therefore carried out strategic operations, training, campaign and rehabilitation exercise with aim of achieving their target goal. However, these efforts did little in addressing the problem.

In recent years, there has been a consistent spate in the number of cases especially among adolescents (10-25 years of age). Experimentation with drugs during adolescence turns to be a common

¹Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse Sensitization and Eradication among youths in South West Nigeria, *Journal of Alcoholism Drug Abuse & Substance Dependence* vol.6: 018, 2020, p1

²Hauwa'uAbdullahi, The Impact of Drug on Student's Academic Performance: A case Study of Faculty Of Social and Management Sciences, Umaru Musa Yar'adua University Katsina, 2016, p12

³Ifeoma P. Okafor, Causes and Consequences of Drug Abuse among Youth in Kwara State, Nigeria, *Canadian Journal of Family and Youth*, 12(1), 2020,p2

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

practice in Nigeria. At this age, they desire to explore many things due to several factors like: curiosity, peer pressure and to relieve stress. Using gateway drugs especially alcohol and tobacco due to early exposure increases the risk of using other hard drugs later. Some adolescents experiment and stop or continue to use occasionally without having negative complications. Others develop addiction that makes them move into more dangerous drugs and causing significant harm to themselves and possibly others: family and community.⁴ The National Drugs Law Enforcement Agency was forced to device another means of controlling drug abuse in Nigeria hence the idea of collaborating with community, youth based, Non-Governmental organisation as well as the National Youth Service Corps (NYSC).

The National Youth Service Corps (NYSC) being an agent for national and social integration was considered as a tool for fighting drug abuse. It was against this that federal government called on NYSC to partner with NDLEA and help control drug abuse spread among youth. Since the establishment of this partnership, NYSC has been playing a vital role in the fight against drug abuse in Nigeria through various activities and initiatives. Most notable has been for the Youth against drug abuse campaign, a school-based programme aimed at informing children on the dangers of drug abuse; and parents on the signs to look out for; as well as rendering help to those already on drugs among many other activities.⁵ The aim of this paper is therefore to explore the role of NYSC and NDLEA partnership on the campaign for a drug free society. The work will also look at challenges of the campaign operation and also suggest ways of addressing those challenges.

⁴Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...P2

⁵Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...P2

NYSC and the Campaign for a Drug Free Society in Partnership...

Conceptual Clarification

Drugs: Drugs are chemicals that affect the body and brain. Different drugs can have different effects. Some effects of drugs include health consequences that are long-lasting and permanent. They can even continue after a person has stopped taking the substance. Historically, drugs have been linked to magical-religious rituals, celebrations and social events. Gradually their use became widespread in other contexts. Some of these substances are natural in origin, as is the case with tobacco or cannabis. Others are the result of chemical processes carried out using natural products, like what occurs with alcoholic beverages, which are obtained from the fermentation or distillation of grain or fruit juice. Drugs are also produced artificially⁶. According to Sussman,

“A drug is a substance that can be taken into the human body and, once taken, alters some processes within the body. Drugs can be used in the diagnosis, prevention, or treatment of a disease. Some drugs are used to kill bacteria and help the body recover from infections. Some drugs assist in terminating headaches. Some drugs cross the blood-brain barrier and affect neurotransmitter function.”⁷

There are a few ways a person can take drugs, including injection, inhalation and ingestion. The effects of the drug on the body can depend on how the drug is delivered. For example, the injection of drugs directly into the bloodstream has an immediate impact, while

⁶Sussman, Steve, and Susan L. Ames. “Concepts of Drugs, Drug Use, Misuse, and Abuse.” Chapter. In *Drug Abuse: Concepts, Prevention, and Cessation*, Cambridge Studies on Child and Adolescent Health, (Cambridge: Cambridge University Press, 2008) Pp3

⁷Sussman, Steve, and Susan L. Ames. “Concepts of Drugs, Drug Use, Misuse, and Abuse.”....

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

ingestion has a delayed effect. The use of drugs are usually guided by medical prescription to regulate and set the level of its function on human body. Misused of drugs affect the brain. They cause large amounts of dopamine, a neurotransmitter that helps regulate our emotions, motivation and feelings of pleasure, to flood the brain and produce a "high." Eventually, drugs can change how the brain works and interfere with a person's ability to make choices.⁸

Drug Abuse: Drug abuse refers to the use of certain chemicals for the purpose of creating pleasurable effect on the brain. The term may also be defined as the "arbitrary" over dependence or mis-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners. It also refers to the harmful use of mind altering drugs. It added that the term usually refers to problem with illegal drugs, which also include harmful use of legal prescription drugs, Such as in self-medication. It is important to know that there is a misconception about the terms "drug abuse" and "drug misuse" however, both concepts are pivotal in drug abuse therapy. Contextually, drug abuse describes the non-medical, self-administration of a substance to induce psychoactive effects, intoxication or altered body image, despite the knowledge of its potential adverse effects meanwhile drug misuse implies that a drug has a proper medical use and prescription and is being employed for an incorrect purpose. The well noted examples of drug misuse are observed in cases of self-prescription and drug overdose. These come with grave consequences such as altered metabolism and several systemic organ dysfunctions.⁹

⁸Hauwa'uAbdullahi, The Impact of Drug on Student's Academic Performance: A case Study of Faculty Of Social and Management...p16

⁹Sussman, Steve, and Susan L. Ames. "Concepts of Drugs, Drug Use, Misuse, and Abuse...p4

NYSC and the Campaign for a Drug Free Society in Partnership...

One major consequence of drug abuse is dependence and addiction, characterized by compulsive drug cravings seeking behaviors and use that persist even in the face of negative consequences. These changes are maladaptive and inappropriate to the social or environmental settings, therefore may place the individual at risk of harm. Today, more than 7 million people suffer from an illicit drug disorder, and one in four deaths results from illicit drug use. In fact, more deaths, illnesses and disabilities are associated with drug abuse than any other preventable health condition. People suffering from drug and alcohol addiction also have a higher risk of unintentional injuries, accidents and domestic violence incidents.¹⁰

The use of drugs for social rather than prescribed medical reasons has for long been possessing threat to national development. A comparison with other third world countries reveals that Nigeria ranks among the highest users of dangerous drugs such as alcohol, tobacco, cannabis, benzodiazepines, cocaine and opioids. This clearly indicates that there has been a steady increase in the prevalence of drug use and its associated consequences especially within the last three decades. Almost all types of psychoactive substances are available in Nigeria due to their spill over into the streets from drug traffickers who use Nigeria as a conduit to transport drugs from South East-Asia and South America to Europe and North America.¹¹

This prevalence is high and more pronounced among youths especially students. The desire to explore, experiment and peer pressures are factors responsible for these prevalence. Studies conducted have shown that more than 80% of Nigeria's population are used to non-prescribed drug usage which in many case leads to addiction. Another

¹⁰Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...p1

¹¹Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...p4

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

study pointed out that over 60% of youth in Nigeria claimed they are aware of drug abuse but contrarily demonstrated poor knowledge and awareness.¹²

Drug Policy and the Establishment Of National Drugs Law Enforcement Agency (NDLEA)

Drug abuse has been an old practice in Nigeria which was said to have been existence since time immemorial. However, what defines drug abuse and policies to regulate it was introduced during the colonial period. The first known law against drugs abuse and trafficking in Nigeria is the Dangerous Drugs Ordinance of 1935. This ordinance guided the then Board of Customs and Excise and the Nigerian Police under the colonial government to tackle drugs abuse and trafficking locally. Thereafter, the Indian hemp (Cannabis) Decree of 1966 was promulgated by the military government of General Aguiyi Ironsi. Under this Decree, cultivation of cannabis attracted the death penalty or 21 years in jail, and exportation was punishable by 10 years of imprisonment. Also under the decree, a stiff penalty of at least 10 years in jail was reserved for those found smoking or in possession of the drug, Federal Military Government (1966). The decree was amended in 1975 and the punitive provisions were made less severe. Hence, the amendment expunged the death penalty for the cultivation of cannabis, while the punishment for cannabis smoking was lessened to six months and/or a fine.¹³

However, in 1984 the military government of General Muhammadu Buhari changed the punitive provisions of the Indian Hemp Decree of 1966 (Amended) by re-introducing the death penalty which the

¹²Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...

¹³Ugwuoke Kelvin Abuchi, Mfon Fintan Bassey and Omotola Kazeem Dauda, Drug Policy and Control in Nigeria: The Role of the National Drugs Law Enforcement Agency, *Novel Approaches in Drug Designing & Development*, vol. 4, issue 5, 2019, p118

NYSC and the Campaign for a Drug Free Society in Partnership...

original decree stipulated. Also under the repealed law, any person under the age of 17 years was to be given 21 strokes of the cane, 2 years in prison or fine of N200.00 for smoking or possession. A special Tribunal Decree was set up in the later part of 1984. The decree abolished death penalty on drug abuse due to public outcry which greeted it. However, the decree instituted life imprisonment for importing, manufacturing, producing, processing, planting or growing of cocaine, Cannabis, Lysergic acid diethylamide (LSD), heroin or other narcotic drugs, imprisonment not exceeding 20 years for exporting, transporting or trafficking. A jail term of not less than 14 years for selling, buying, exposing for sale or dealing was instituted, imprisonment of not less than 2 years (but not more than 10 years) for possession or consumption. Forfeiture of asset and passport was also instituted and a special tribunal was set up solely for enforcement of drugs laws. In 1986, with the coming of a new military government of General Ibrahim Babangida, the 1984 Decree was amended and life imprisonment was substituted for the death penalty. This Special Tribunal (Amendment) Decree of 1986 introduced new features into Nigerian drug law, the most significant of which was the provision regarding forfeiture of assets and passport.¹⁴

The most significant development and drug control policy in Nigeria was enacted in 1989 by the Military government of General Sani Abacha. Following the disturbance of increase in drug trafficking and the United Nations Convention against Illicit Trafficking in Narcotics Drugs and Psychotropic Substances of 1988, the Decree No. 48 of 1989 was enacted leading to the establishment of the National Drugs Law Enforcement Agency (NDLEA). The agency's primary mandate was to tackle the menace of drugs abuse and trafficking which was spoiling the image of the country at that time as the United States government was beginning to express its unhappiness with the Nigerian government

¹⁴Ugwuoke Kelvin Abuchi, Mfon Fintan Bassey and Omotola Kazeem Dauda, Drug Policy and Control in Nigeria...p119

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

because of the growing role of Nigerians in exacerbating the drug problem in the U.S.¹⁵ The National Drug Law Enforcement Agency (NDLEA) is therefore described as an organisation backed up by and vested with the responsibility to ensure that drugs that are considered harmful are destroyed and offenders caught in the act of selling such drugs or bringing it illegally to the country are greatly punished. This was the first that Nigeria saw the establishment of an agency that is mainly concerned with the fight against drug abuse and trafficking in the nation.¹⁶

The National Drug Law Enforcement Agency (NDLEA) has been defined as a Federal agency in Nigeria charged with the responsibility of eliminating the growing, processing, manufacturing, selling, exporting, and trafficking of hard drugs. Among many of its provisions, the NDLEA decree set up an agency of the same name and listed the punishment for drug offences, including the forfeiture of assets of arrested persons. In this Decree, trafficking in cocaine, heroin, or similar drugs is punishable by life imprisonment, while possession or use attracts a sentence of '15 years but not exceeding 25 years'. Since the agency was established, it has put in spirited efforts in the enforcement of laws on drug trafficking and abuse.¹⁷ To this effect, so many persons have been prosecuted, and sent to prison with varying jail terms, consignments of drugs and substances confirmed to be prohibited or counterfeits worth billions of naira are destroyed from time to time, and articles, vehicles and vessels used by drug law breakers are confiscated by the agency.

¹⁵Ifeoma P. Okafor, Causes and Consequences of Drug Abuse among Youth in Kwara State, Nigeria, *Canadian Journal of Family and Youth*, 12(1), 2020,p4

¹⁶Easeofdoingbusinessnigeria.com, National Drug Law Enforcement Agency, assessed March 20, 2021, Easeofdoingbusinessnigeria.com/mdas/ National-Drug-Law-Enforcement-Agency/

¹⁷Ugwuoke Kelvin Abuchi, MfonFintanBassey and OmotolaKazeemDauda, Drug Policy and Control in Nigeria...

NYSC and the Campaign for a Drug Free Society in Partnership...

NYSC Partnership with NDLEA an Overview

Drug abuse is one of the health-related problems among Nigerian youth and has been a source of concern to national stakeholders. Drug abuse among Nigerian youth has been a scourge to the overall sustainable development of the nation. It is also a major public health, social and individual problem and is seen as an aggravating factor for economic crises; hence, for Nigeria's poverty status. While youth are supposed to be the major agent of change and development, some of them have been destroyed by drug abuse thereby rendering them unproductive. The continuous rise in youth engagement and addiction to drug abuse has raised a serious alarm to the fate of Nigeria's future and social development.

The federal government charged NDLEA to device a new means of addressing the consistent youth engagement in drug hence the idea of collaboration and partnership with relevant agencies and organisation. However, this partnership becomes more effective with the National Youth Service Corps for it nature of being a youth base scheme that interact with communities and people at all level of society division. The NYSC since its partnership with NDLEA has been playing significant role in controlling drug abuse among youth and the general Nigerian society through establishment of campaigns clubs, programmes and rehabilitation training in schools and public centres.

The National Youths Service Corps Scheme was established by the Federal Military Government of Nigeria in 1973. The scheme provides that graduates who are not above the age of thirty (30) are deployed to states other than their states of origin to undertake one (1) year compulsory national service. The certificate obtainable after the service qualifies the graduate to seek employment in the public or private sector. Some of the goal of establishing the scheme is to create a better understanding and appreciation of religious and ethnical differences among the youths, and to unify the country. This is to be achieved

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

through developing common ties and friendship, cultivating the spirit of team work and engaging in frank dialogue.¹⁸

Immediately it was established, the NYSC became an operational vehicle for harnessing and showcasing the collective capabilities of Nigerian youths for Nigeria's national integration and development drive through its youth deployment strategy into key sectors of the economy and social life. Part of the major objectives of the scheme include: inculcating discipline in Nigerian youths by integrating in them a tradition of industry at work and of patriotic and loyal service to the Nation in any situation they may find themselves; raising the moral tone of our youths by giving them the opportunity to learn about higher ideals of national achievement and social and cultural improvement; to develop in our youths attitudes of mind, acquired through shared experience and suitable training, which will make them more amenable to mobilization in the national interest. NYSC introduces the Community Development Service (CDS) programme as a tool towards achieving its objectives.¹⁹

The Community Development Service (CDS) programme is one of the cardinal programmes of the NYSC scheme. It is through the CDS programme that the corps members of NYSC undertake developmental activities during their one year of national service to improve their host communities in one way or the other. It is one of the requirements of the Nigerian youths to participate in Community Development Service

¹⁸Amaka, John Ifeanyichukwu and Nor, Apine, The Problems and Negative Effects of the Use of National Youths Service Corp (NYSC) Members as Ad-hoc Teaching Staff in Nigeria: A Case Study of Kalgo Local Government Area of Kebbi State, *IOSR Journal of Research & Method in Education, Volume 4, Issue 6 Ver. I 2014*, P-2

¹⁹Akinwamide T.K, Harnessing the Language Diversity through the National Youth Service Corps (NYSC) Programme in Multilingual Nigeria: Synergising our Separation, *International Journal of Humanities Social Sciences and Education (IJHSSE) Volume 6, Issue 1, 2019*, P76

NYSC and the Campaign for a Drug Free Society in Partnership...

as part of their contribution to developing the country. The CDS programme of the NYSC Scheme is classified into individual, collaborative as well as group CDS, the group CDS is also categorized into numerous groups base on social aspect of human life such as Corps Legal Aid Group, Education Development Group (Mass Literacy, Adult Education, Extra Murals ICT), Environmental Protection and Sanitation Group, Road Safety Group, Reproductive Health & HIV/AIDS Group, Anti-Corruption Group, MDGs, Medical and Health Services Group, Drug-Free and Quality Control Group, Agro-Allied Group, Charity Services and Gender Group as well as Disaster Management Group. The scheme partners with National and Non-Governmental organizations and other establishments to implement development programmes.²⁰

The Drug-free and quality control group is one of the major important CDS group that is receiving high priority from NYSC, government and its agencies. This group has for long been serving as a mechanism for carrying out sensitization and campaign on drug abuse which is becoming a rampant attitude among youth especially students. To strength and guide the activities of this group, NYSC established a strong partnership with NDLEA for the purpose of training and execution of drug free campaigns.

The establishment of partnership between NYSC and NDLEA was a later development that reached NYSC in recent years. Following the threat of continuous rise in the number children and youth engagement to drug abuse and among women, the NDLEA saw NYSC as an important tool for running awareness campaign as members of the Corps are youth in themselves and are largely deployed to schools and centers which are the hub area of children and youth gathering. With the initiation of the partnership and continuous training of Corps members, the NYSC-NDLEA, partnership has recorded a lot of

²⁰NYSC, ABC of Community Development Service, (Nigeria: NYSC, 2014), P-1

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

significant achievements. Such achievements could be seen through the NYSC introduction and running of drug free campaign clubs in schools across the nation which has a greater effect, there is also frequent conduct of drug education and rehabilitation training and counselling to drug addicts as well as sensitization in public places and drug free road walk. Through this programmes and others, NYSC has done well in limiting drug abuse and revolutionizing the work of NDLEA.

NYSC-NDLEA Campaign and Sensitization for a Drug Free Society

As earlier discussed, the National Youth Service Corps, being an apex body charged with promoting national integration and moral discipline has in recent years took steps toward eradication of drug abuse in Nigeria. This new development was a response to the rapidly-growing epidemic of substance abuse in the country and the damages it is causing to the upcoming youth generation, with the new development, NYSC therefore begun playing a vital role in the fight against drug abuse in Nigeria through various activities and initiatives. Most notable has been the partnership with the National Drugs Law Enforcement Agency (NDLEA) for training of Corps members and sensitization as well as formation of clubs on drug-free society project.

One of the most important and key area of NYSC drug-free campaign is schools. NYSC initiated the formation and maintenance of drug-free clubs which is a school-based programme aimed at informing children on the dangers of drug abuse; and parents on the signs to look out for; as well as rendering help to those already on drugs. With the prevalence of cannabis use amongst pupils being as high as 21.2% in some parts of the country, it is imperative that these children be given the necessary information that equips them to be able to say no to drug use.²¹ Through this club, Corps members conduct awareness lectures, sensitization

²¹Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...p3

NYSC and the Campaign for a Drug Free Society in Partnership...

campaign and drug use counselling to students. The Corps members also organize drama and debate competitions among schools that enlighten students and parent on what is drug abuse and its dangers to human health and community development. According to Kabir:

"The engagement of NYSC in drug campaign led to the realisation of vital change in students' risk of joining drug abuse cult in this school and even others within our community. It was the Corps Members that introduced Drug-free club to the school. Prior to this establishment, drug abuse was very rampant among our students even within school premises despite several effort to address it. However, with the drug free club, the school witness drastic fall in drug abuse as the Corps members brought about quite a number of activities that brought it down. One of these activities was the weekly free drug campaign session under which they carried out awareness lectures and sometimes staging a drama that point out the dangers of being a drug addict. They also set up drug vanguard unit which comprised of senior students, staff and the Corps members themselves under the supervision of the Vice principal. This vanguard unit carried out inspection and search operation to detect and discipline drunkards within the school and in the case of students who proved stubborn and refused to stop taking drugs despite all effort to rehabilitate them, the unit recommends such students be expelled as their presence might lead to others falling victims of drug abuse. With this and many other activities of the NYSC,

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

drug abuse has been brought down to a minimum level which we are very happy with.”²²

The efforts of NYSC in controlling drug abuse in Nigerian schools remain the same everywhere as in the above submission though the approach differs in some school which is guided by the level of intensity of drug abuse in the schools. Report from Government College Funtua shows that the activities of Corps Members on drugs and the introduction of Drug-free club has contributed immensely in controlling drug abuse within the school and the community at large. Through the club, NYSC organises lectures and competitions aimed at pointing out the dangers of drug abuse. In organising the lectures, the Corps members sometimes invite the National Drugs Law Enforcement Agency to take part in the awareness lectures.²³

Being a professional agency of drug control, the NDLEA in a number of time use projector to show documentary videos of how drug abuse affects human health and causes early death in many cases. The Corps members also carry out sensitization tours with the students to a number of public places such as Motor Park, markets and schools to engage their fellow students in open drug discussion. The Corps members sometimes organise annual drug campaign day in this school in which both students and staff wear customized shirts with drug campaign slogans on them. The major activity on such day is usually a brief lecture after which we all move out for a road walk with some of them carrying placard and beating drums to call the attention of people to know the motive behind the walk. The Corps members also print

²²MalamKabirSa’idu, 41, Teacher (Head of Administration GDSS Makera), Government Day Secondary School Makera, 15th February, 2021

²³Mohammed Rabi'uAbdulwahab, 48, Teacher (Senior Master Admin, GCPF), Government College Pilot Funtua, 16th February, 2021

NYSC and the Campaign for a Drug Free Society in Partnership...

drug campaign flyers and distributes to people in the course of the road walk.²⁴

In another effort, NYSC collaborated with Pharmaceutical Society of Nigeria (PSN) to carry out a project termed as Teenagers Against Drug Abuse. The teenagers against drug abuse project is focused on empowering young people that will stand in as advocates of substance abuse in their respective communities. The project was targeted to reach out to teenagers and sensitize them on the facts about substance abuse.²⁵ The World Health Organization reported that 9 out of 10 drug abusers had contact with it when they were teenagers. In Nigeria, most of the children above age 6 already know about marijuana, cigarette and alcohol and this is caused by what they see on media, what their parent do and what is happening in the communities.²⁶ The project was carried out in secondary schools in Lagos State under the NYSC Drug-Free and Quality Control Group. The team was able to visit about 30 schools in the state, distribute free materials such as booklets and videos from Drug Free World to them and create Drug Abuse Clubs where the teenagers can carry out their advocacy roles. The team visits the schools weekly to check the effectiveness of the clubs and address issues that are related to substance use amidst the students.²⁷

Report from Vanguard states that Corps members of the National Youth Service Corps has staged out a sensitization programme against drug to secondary school students in Taraba State capital Jalingo. The Corps members noted that the sensitization was to disabuse the minds of

²⁴ Mohammed Rabi'uAbdulwahab, 48, Teacher (Senior Master Admin, GCPF)...

²⁵ Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...p12

²⁶ HamisuMamman, Ahmad Tajuddin Othman and Lim HooiLian, Adolescent's and Drugs Abuse in Nigeria, *Journal of Biology, Agriculture and Healthcare Vol.4, No.1, 2014 ISSN 2224-3208 (Paper) ISSN 2225-093X (Online)*

²⁷ Ogunsola Samuel and Fajemisin EA, Experiences and projections for Drug Abuse...

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

students against substance abuse and to push for full attainment of sustainable Development Goal 3, which seeks to ensure healthy lives and promote wellbeing for all at all ages through the students who are domiciled in different communities. The mission was that, by sensitizing and educating the students on the effect of drug and substance abuse, they will in-turn educate their peers and other members of their various communities which will help curtail the prevalence of drug use among the youths.²⁸

Apart from school-based drug education and sensitization programme, the National Youth Service Corps has been making efforts in extending drug campaign to key areas of the communities across the nation through community outreach and street conferences. The community outreach programme involves organizing public lectures at both rural and urban areas to enlighten the community members with what constitutes drug abuse and its dangers to mental health, while the street conference awareness involved going to strategic places where young people gather to take substances, market square and parks. The team engage them without stigmatization and share fliers containing facts on drug abuse with them.

President of the NYSC Drug Free CDS group in Katsina Local Government reported that they conducted drug free sensitization program in public areas within Katsina metropolis. The Corps members who were part of the NYSC 2019 batch A members state that:

“We Members of the NYSC drug free CDS group in collaboration with the Tobacco Free Nigeria, staged two different sensitization Walk against Tobacco Use within Katsina city. During the walk we enlightened the

²⁸Vanguard.com, Corps Members Take Campaign Against Drug Abuse in Taraba Secondary Schools, assessed March 20, 2021.
<https://www.vanguardngr.com/2019/06/sdg3-corps-members-take-campaign-against-drug-abuse-to-taraba-secondary-schools/>

NYSC and the Campaign for a Drug Free Society in Partnership...

general public on the dangers drugs and substance abuse especially the use of tobacco and the different forms of threat it poses on the human health, using infographic materials as well as one-on-one enlightenment. The first walk which took place on April 16th 2019, was staged between Kofar Kwaya Round-about and the popular Narto Car Park, where our members addressed both the transporters and passengers on the dangers of Cigarettes, Shisha, Marijuana in addition to other drugs of abuse. The second walk was on 27th August, 2019 and it started from the Pedestrian bridge at the Central market to the NDLEA Office, Katsina State. This time we moved singing with our voices (We are dauntless! We are unrelenting! We'd go all out till our voices are heard and our words acted upon.), placards raise up in our hands, and with the NYSC band group supporting us with their beat and dances, we passed our message across.”²⁹

Another report from Vanguard has it that, NYSC and alongside National Agency for Food and Drug Administration and Control (NAFDAC) and NDLEA have jointly took to the street of Cappa in Oshedi area of Lagos state for a campaign against drug abuse. The road drug-free campaign was centered on commercial bus drivers and motorcycle operators in the area. While addressing the drivers, motorcycle operators and other people operating businesses around the park, the Director General of NAFDAC and leader of the campaign team, Dr. Paul Orhii called on unions and corporate bodies of the commercial operators to join the war against drug abuse and make possible effort to ensure the eradication of drug abuse as well as ensuring that the use of Narcotic

²⁹Facebook.com, NYSC drug-free katsina, towards a Tobacco Free Nigeria, 30th August , 2019, assessed March 20, 2021

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

drugs and psychotropic substances are limited to medical and scientific purpose only. He further stated that finding has revealed that the sale and use of cannabis, alcohol and alcohol based herbal mixtures is a common occurrence at the nation's motor park.

He regretted that most commercial bus drivers and motorcycle operators often smoke cannabis and/or drink alcohol and alcohol based herbal mixtures before embarking on their journey to energise them and also keep them awake for a long time. He pointed out that such practices leads to impaired mental function such that the ability of the user to make accurate judgment, especially when driving is affected which in many cases lead to accidents and resulting serious injury and possibly death. The NYSC drug-free and quality control president explained that substance abuse affects individuals, society, economy and families, and that the problem is better imagined than experienced. They therefore collectively enjoined the commercial vehicle operators to shun drug abuse for the safety of their, family and the society at large.³⁰

However, NYSC has record of many other campaigns that are in same nature as those earlier discussed in different communities throughout the nation. In addition to the school-based, community outreach and road stage campaign programmes, members of the NYSC drug-free and quality control CDS groups also launched awareness campaigns through the use of media more especially radio stations, television channels and social media handles such as Facebook, Instagram and Twitter. Each state Secretariat of the NYSC has its own handles through which it promotes drug campaign online and post its activities to motivate the Nigerian society. Gigane states that;

³⁰Vanguard.com, NAFDAC and NYSC take campaign on drug abuse to commercial operators in Oshodi area, assessed March 18, 2021 <https://www.vanguardngr.com/2019/09/drug-abuse-nafdac-nysc-take-campaign-to-oshodi-motor-park/>

NYSC and the Campaign for a Drug Free Society in Partnership...

During our time as organisers and leaders of the NYSC drug-free and quality control CDS group in Kano State, we conducted a lot of campaign and lectures on what constitutes drug abuse and the dangers it poses on human health and social development. Most of the campaign we held in schools, public centers and through road stage campaign. However, after realizing that citizens of Kano are so much attached to listening, centration and participating in programmes on radio stations and T.V channels, we expanded our drug- free sensitization campaign plan to include staging programme on radio station. We were able to achieve this by holding live radio sensitization through collaboration with the Kano State Command of the NDLEA and NAFDAC respectively. The programme was held in four different occasions between November 2018 and June 2019.³¹

Challenges of Drug-Free Sensitization Campaign

The NYSC sensitization campaign for a drug- free society despite its recorded success has been plague by a number of difficulties and challenges which limit the intensity and generosity of the campaign. One of the challenges faced by the sensitization campaigners could be seen in the area of the language barrier. English has been considered as a national language in Nigeria and also as the language in education. However the fall in the standard of education and the wider range of illiteracy couple with the NYSC strategy of deploying Corps Members to communities other than their indigenous state has led to emergence of communication barrier between the campaigners and the community people they stand to address as most of the Corps members could not

³¹Usaman Yusuf Gigane, 30, Ex-President NYSC Drug-free and Quality Control CDS group, Kano State 2019,Janbulo quarters Kano 19th February, 2021

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

speak the language of their host community.³² This forces the campaign teams to employ the services of interpreters but this has its own short fall like limiting the detail of messages to be passed and in some cases the interpreter does not necessarily send the proper messages across

Another challenge that hinders the sensitization campaign is the issue time inadequacy especially while sensitizing school pupils. Normally schools are pre-designed with periods of lessons and school management make little effort designing a sufficient time that allows comprehensive discussion. In most of the time, corps members were given break hours or Fridays during sports to pass across whatever message they may have. This usually discourages the students whose thoughts have been stimulated to play in such time thereby rendering the Corps members efforts minimal.³³

Lack of affordable rehabilitation centers is another challenge to the campaign. Despite the fact that substance misuse is a major issue that influences numerous Nigerians, there are still not many rehabilitation centers in the country that will aid the Corps member to extend the campaign in far rural areas. Nigeria needs appropriate clinical recovery centers for those experiencing alcohol and medication misuse.

The financial aspect of the execution of the projects is usually an issue of concern. The basic source of fund for the campaign is NYSC grant on CDS project, support from the host community which is very difficult due to lack of interest on the project and also support from Drug control agencies and Non-governmental organisations who only come in when they deem fit to. The funds usually raised are not sufficient enough to effectively scale the project to all levels of the society thereby

³²Akinwamide T.K, Harnessing the Language Diversity through the National Youth Service Corps (NYSC)... p78

³³Usaman Yusuf Gigane, 30, Ex-President NYSC Drug-free and Quality Control...

NYSC and the Campaign for a Drug Free Society in Partnership...

restricting the campaign to only selected areas leaving majority of the society untouched by the project. The issue of fund raising has reached the stage that in some instances corps members had to tax themselves to be able to buy some writing materials for the pupils in the case of schools sensitization campaigns.

Proximity is another challenge faced by the corps members in carrying out sensitization campaigns. In most cases, corps members experience difficulties in conveying themselves deep into the rural areas. Unlike in the case of some very few groups that used to provide mobility to the corps members, the majority allowed the burden on the campaigners which indirectly weaken the morale of the Corps members to do more on the campaign.³⁴

Conclusion

It is worthwhile mentioning that since inception of the National Youth Service Corps Drugs-Free and Quality control campaign group and its active participation in the war against drug abuse, there has been a revolutionary change in Nigeria's effort of ensuring drug-free society. The NYSC Scheme in this respect, by launching the campaign for a drug-free society and collaborating with the National Drug Law Enforcement agency, placing it as an important vanguard for the campaign which is carried out by the corps members can be said to have served its purpose. This partnership has yielded a greater impact as it leads to the training of Corps members on drug education and campaign with which they stage their own campaign in their host community. In recent times, the scheme has been in the vanguard of the nation's drive in controlling drug abuse in our rural-urban development through the various community and school-based awareness campaign executed by corps members most of which are through schools, road and media stations.

³⁴ Usaman Yusuf Gigane, 30, Ex-President NYSC Drug-free and Quality Control...

THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

The impact of this campaign can never under estimated, it has succeeded in establishing drug-free clubs in schools throughout the nation which oversees the training of students on how to extend the campaign that later resulted in the emergence of many students becoming advocates who stand against drug abuse in their various communities. The campaign has also led to the emergence of students' based anti-drug vanguard groups in schools that ensure the eradication of drug abuse in the schools. Through its road and media station Campaign, the general public are informed on what constitute drug abuse and the dangers it poses on user's health, family and the nation at large.

However, the campaign was never without challenges affecting the scale and nature of its execution. Part of the challenges as discussed in the paper includes the problem of language barrier, time inadequacy, lack of affordable rehabilitation centers, financial inadequacy as well as lack of support and cooperation of the community. In the light of this, the study therefore recommends that, to effectively fight and eradicate drug abuse, government needs to device a means of educating family units on drugs, establishment of counseling centers for drug control, designing curricula on drug education to guide and support the clubs established in schools by NYSC corps members, establishment of drug rehabilitation centers that will aid the Campaigners to contribute more, establishment of drug awareness units at all level of the society. These in all put together will increase the speed of the campaign and reduce the hardship attached to organizing and execution of campaigns.

NYSC and the Campaign for a Drug Free Society in Partnership...

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THE NYSC AND NIGERIA'S HEALTH SECTOR

Abubakar Ishaq

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Brigadier General Shuaibu Ibrahim:

17

**Brigadier General Shuaibu Ibrahim:
An Overview of His Achievements as 18th
NYSC Director-General**

Bem Japhet Audu
and
Maryam Hamza

Introduction

The National Youth Service Corps (NYSC) has attained tremendous height since the assumption of office by Brig Gen Shuaibu Ibrahim as the Director General (DG) of the Scheme. This is not surprising, given the fact that Gen Ibrahim is a thoroughbred military administrator, who combines scholarship, emotional intelligence and finesse in his administrative duties. His experiences cut across administration in the

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

military and civil establishments, which combination have accelerated the pace of the modest service rendered to the NYSC.

Key issues that confronted the Scheme upon his assumption of office include the need to sustain the relevance of the NYSC in a fast-changing world; second, inadequate motivation and welfare for Corps Members and staff of the Scheme. The third was the challenge of unemployment among the youths after the mandatory one year national service.

Gen Ibrahim's track record as a visionary leader readily came to play in tackling these challenges. He initiated a five-point policy thrust to address them. These five-point policy thrust include the following:

- ❖ Sustain effective utilisation of the potentials of Corps Members for optimal benefit;
- ❖ Strengthen existing collaborations with critical stakeholders;
- ❖ Improve on the welfare and security of Corps Members and staff;
- ❖ Pursue a technologically driven organisation to deepen effective service delivery;
- ❖ Reinvigorate the NYSC Ventures and SAED in line with the NYSC Act for greater impact.

It is against this backdrop that this essay examines the achievements of Gen Ibrahim as Director General of the NYSC, using a descriptive approach and evidence -- based study. The paper argues that Gen Ibrahim has not only transformed the NYSC, but has also repositioned it to benefit the Corps Members, members of staff and indeed, the nation at large.

The assumption here is that leadership is a process of galvanising resources to attain group goals. Gen Ibrahim's leadership style has led to the transformation of the NYSC by strengthening the institution, in terms of welfare, security, innovations and technological advancement. Despite these laudable achievements, there have equally been

Brigadier General Shuaibu Ibrahim:

challenges. The Corona Virus (COVID-19) pandemic threatened to derail the activities of the Scheme. As an astute administrator, he rose to the occasion through a robust coordinated response to manage the pandemic that has become a reference point and template for other establishments in the country.

Towards a Biography of General Ibrahim: Trends in his Academic, Military and Administrative Career

Brig Gen Shuaibu Ibrahim (Associate Professor), was born on the 13th July, 1967 and hails from Nasarawa Local Government Area of Nasarawa State. He attended the famous University of Jos where he obtained Bachelor's and Master's Degrees in History (1989 and 1992 respectively), before proceeding to bag a Post-Graduate Diploma in Education from Tai Solar in University of Education, Ijebu Ode, Ogun State. Driven by his tenacity to acquire knowledge, he went on to obtain a Ph.D in History from the University of Abuja in 2007.

Since his commissioning into the Nigerian Army, he has served in various capacities in military formations across the country. His appointments and postings include: The Institute of Army Education (Research Officer). Researched and produced Nigerian Army Journals and Briefs for the Nigerian Army in particular, and the Military in general; NYSC (Military Assistant to the Director General) 1997-1999; Nigerian Defence Academy (Taught 100 and 200 Levels 2000-2004; National Defence College (Staff Officer I Military History 2004-2009; Headquarters Nigerian Army School of Education (Senior Instructor) 2009-2011; Commandant Command Secondary School, Suleja 2012-2014; Nigerian Defence Academy (Head of Department, History and War Studies), 2015-2018; and Registrar, Nigerian Army University, Biu, Borno State(2018-2019).

Brigadier General S Ibrahim is a scholar of high repute, who authored, co-authored, edited, co-edited and contributed articles/chapters to numerous books and academic Journals.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

Despite his tight schedule, Brig Gen S Ibrahim still devotes time to academic work, including the supervision of students' thesis and dissertations, serving as Internal and External Examiner of Master's Students at the Ahmadu Bello University Zaria and the Nigerian Defence Academy, Kaduna.

Brig Gen Shuaibu Ibrahim was appointed 18th Director General of the National Youth Service Corps (NYSC), and assumed the leadership of the Corps on 10th May, 2019. This ushered in a transformation era for the Scheme which has not only been a source of immense benefit to the Service Corps, but the entire country in general.

The General also had a cluster of completed courses in the military, and excelled in these courses. Brig Gen Ibrahim is an Associate Professor in the Department of History and War Studies, Nigeria Defence Academy, Kaduna. These feats in both military and academic trainings, as well as experience in service are what marked him out as a visionary, seasoned and ingenious administrator.

Since assumption of duty as the Director General of the NYSC, the media has been awash with burgeoning records of his strides. His vision for the Scheme informed his decision to roll out a five-point policy thrust, geared towards utilising the potentials of the Corps Members maximally. Since assumption of duty at the NYSC, his pragmatic leadership skill has set the Scheme on the path of rejuvenation and continuous relevance. Like his predecessors, he came up with robust and ambitious programmes, aimed at repositioning the Scheme as a self-sufficient and revenue -- generating government organisation.

This chapter will attempt an appraisal of the delivery of these specific goals by the administration of Gen S Ibrahim within a short period of two years, in spite of the huge challenges facing the Scheme.

Sustain effective utilisation of the potentials of Corps Members for optimal benefit.

Brigadier General Shuaibu Ibrahim:

The successful conduct of the 2019 NYSC Sports and Cultural Festivals is a remarkable achievement of the Director General in harnessing the huge potentials of the Corps Members for national development. The NYSC Sports and Cultural Festivals serve as one of the veritable avenues through which the Scheme promotes national unity, cultural integration, as well as showcasing the abundant talents of Corps Members in the areas of sports and culture for gainful employment in the sports and film industries. The Festivals were revived by the present management. The grand finale was held in Abuja. Not only that, measures were put in place to ensure that the event holds annually.

Another success of the NYSC Director General is the production of an NYSC movie titled "A Call to Service" currently undergoing post production work. Apart from its entertainment value, the movie is being packaged to create public awareness on the roles of stakeholders to the Scheme. These stakeholders include the three tiers of government, Corps employers, as well as serving and prospective Corps Members. Ultimately, the film will promote better understanding of the Scheme to the public, in addition to sensitising them on their expected roles to the Scheme.

Another noteworthy achievement of the Director General is the establishment of NYSC National Cultural Troupe. This initiative is to provide a veritable platform for Corps Members to develop their talents in drama and cultural dance, while also eliciting public support towards harnessing such talents through private and corporate patronage. Remarkably, the NYSC Cultural Troupe will also shore up the revenue base of the Scheme through its activities which will be commercialised.

In the same vein, the NYSC Director General has successfully organised a National Anti-Corruption Walk. This is in furtherance of the NYSC's contributions to the fight against corruption through the activities of the Corps Anti-Corruption and Integrity CDS Group. The programme involved the participation of thousands of Corps Members in the first ever nationwide rally/road walk organised by the Economic and

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

Financial Crimes Commission (EFCC), in conjunction with the Federal Ministry of Youth and Sports Development on 14th February, 2020. The Director-General personally joined the Corps Members and officials in Kano State for the rally, which was tagged "Nigerian Youths March Against Corruption."

This action further boosted the commitment of the NYSC in eradicating corruption and promotion of good moral and ethical values in the country.

The outbreak of the COVID-19 pandemic nearly crippled the global socio-economic activities and did not spare the Scheme. The 2020 Batch "A" Orientation Course was suspended barely eight days into the programme. However, the ever resourceful and proactive Director General challenged the creative ingenuity of Corps Members who responded appropriately to the challenge by producing non-pharmaceutical intervention materials such as face-mask, liquid soap, alcohol - based hand sanitiser and donated same to the indigent populace across the length and breadth of the country.

Under the leadership of Gen Ibrahim, the NYSC has also carried out public awareness campaigns on containment measures for the dreaded virus. The initiative of the Director General was later adopted by some public institutions.

Another innovative contribution of the NYSC in the fight against COVID-19 pandemic is the fabrication of foot-operated water, liquid soap and hand sanitizer dispenser by individual Corps Members in several States.

For instance, Babatunde Dolapo Dayo and Sebe Godspower - Abia State; Abdullahi Sani - Kano; Abdulsalam Abubakar and Obiefuna Ebuka - Kwara; Adeyanju Adeyemi, Afolabi Victor, Ogunmoye Victor - Oyo and Onyekwere Chiwotaoke - Zamfara and Ilori Deborah - FCT were among the Corps Members that fabricated and donated the devices.

Brigadier General Shuaibu Ibrahim:

In addition, Corps Members, acting on the platform of Charity CDS/SDGs Group, have been contributing towards mitigating the effects of the COVID-19 at the grassroots, through the donation of food and other relief items to State and Local Governments, as well as indigent members of the society. These strategies by the Director General paved the way for the Scheme to obtain approval from the National Centre for Disease Control (NCDC) to resume full operations, especially the Orientation Course.

Relatedly, several Corps Members on teaching assignment also contributed towards sustaining the educational progress of their students by adopting virtual teaching approach while schools remained closed as a result of the pandemic.

As per the pursuit of a technologically-driven organisation to deepen effective service delivery, the Director-General recently conducted the first ever video conference with the 2021 Batch 'A' Stream 1 Corps Members in all the 37 Orientation Camps. It was an avenue to interface with thousands of Corps Members simultaneously, in line with COVID-19 safety protocols. He has sustained this initiative by periodically holding virtual meetings with serving Corps Members, as well as NYSC State Coordinators across the country.

It is gratifying to disclose that the Director General's interface with National Information Technology Development Agency (NITDA) has ensured the equipping of the NYSC Rivers Secretariat with computers by the agency. That singular gesture has in no small measure deepened the proficiency of Corps Members and staff members in the area of Information technology.

The Chief Executive introduced the inscription of date of birth on the Certificate of National Service and Exclusion Letter, beginning with the 2019 Batch "A" Corps Members and 2019 Batch "C" respectively. This is in a bid to check the manipulation of date of birth by ineligible persons seeking mobilisation for National Service, and it has had a positive

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

effect in checkmating the falsification of records for employment, visa, political appointments, among others.

Brig Gen Shuaibu Ibrahim conceptualised and designed a state-of-the-art ICT Office for the Scheme. The design had already been forwarded to the Federal Capital Development Authority (FCDA) and Federal Ministry of Works and Housing for approval. The cost of construction was appropriated in the 2021 Budget, and the Scheme is awaiting the release of funds for its commencement.

Other laudable efforts by Gen Ibrahim to deepen effective service delivery include, the development of a Five-Year Strategic Development Plan for the Scheme, review of the NYSC Composite Policy Document and documentation of the activities of the Scheme, all aimed at positioning the Scheme as a research hub for academics and the general public.

Under his watch, the Federal Government drafted the NYSC into the Presidential Steering Committee on Alternate School Programme. The inclusion of the Corps in the Committee is in recognition of the invaluable contributions of the Scheme to national development, particularly in the sphere of Education.

NYSC is a repository of talents, parading the most enlightened class of Nigerian youths, who in forty - eight years of the Scheme's existence have continued to make varying degrees of multi-sectoral contributions to the growth and well-being of the nation.

Therefore, the inclusion of the Scheme, whose visibility has been top-notch in the last two years as member of the Mambila Hydro Power Project speaks on the high premium the Federal Government places on the Corps.

Undoubtedly, membership of these august bodies have clearly underscored the high pedestal the Director General has taken the Scheme in his two years of his eventful and remarkable administration.

Brigadier General Shuaibu Ibrahim:

In respect of improving the welfare and security of Corps Members and staff, in a rare demonstration of empathy and commitment to the welfare of Corps Members, the Director General personally visited and encouraged Corps Member Saidu Mohammed Adamu, who was admitted at the Federal Teaching Hospital, Ado-Ekiti, as a result of gunshot injuries that he sustained while on election duties during the recent bye-election held in Ekiti East Local Government Area of Ekiti State in March 2021.

Similar visits were also paid to several members of the Service Corps on admission in hospitals in Sokoto, Katsina, Edo, Plateau, Taraba and Kwara States, among others, following their involvement in road traffic accidents.

The Director General has also paid condolence and reassuring visits to the families of deceased and missing Corps Members in Plateau, Kaduna and Edo States. Such gestures have increased the confidence of Corps Members and their families in the Scheme, and have also engendered more zeal for patriotic service by the members of the Corps.

The Director General further demonstrated his commitment to Corps welfare by procuring prosthetic limbs for a Corps Member in furtherance of his welfare policy. The sum of Thirty-two Million Naira (N32,000,000.00) was expended to procure the limbs for Corps Member, Nuraddeen Tahir from Kano State, who, along with other Corps Members, was involved in a road traffic accident, while on his way to report for Primary Assignment after the 2019 Batch 'B' Stream 1 Orientation Course in Taraba State. The Corps Member, who had earlier lost an arm at a younger age, had the other one amputated as a result of the accident. The artificial limbs have already been supplied, while Nuraddeen was trained on the effective use of the limbs before he was re-united with his family. With this development, he can now effectively perform normal tasks such as writing with the limbs.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

The Director General relentlessly pursued the issue of increment of Corps Members' allowance in the wake of approval of the new National Minimum Wage. His effort paid-off and the allowance of Corps Members was increased from Nineteen thousand, Eight hundred Naira (N19,800.00) to Thirty-three Thousand Naira (N33,000.00). Following the commencement of the payment of the new rate with effect from January 2020, the Director General along with the Honourable Minister of Youth and Sports Development and some representatives of Corps Members paid a "Thank-you" visit to His Excellency, the President and Commander-in-Chief, Armed Forces, Federal Republic of Nigeria, Muhammadu Buhari GCFR on 6th February, 2020 at the Presidential Villa, Abuja.

Following improvement in the security situation in the country, the Director General sought for, and got approval from the Federal Government for a return to the earlier suspended ceremonial passing-out of Corps Members. Accordingly, the Passing-Out Ceremony of the 2019 Batch 'A' Corps Members was marked with colourful parades nationwide, thereby increasing the visibility of the NYSC.

The successful conduct of Orientation courses is also another achievement of the Director General as he oversaw the successful conduct of the 2019 Batch 'B' Streams I and II, as well as 2019 Batch 'C' Streams I and II Orientation Courses.

As a proactive measure, NYSC Management suspended the 2020 Batch 'A' Stream 1 Orientation Course just a week into the exercise as a deliberate effort to avert the spread of COVID-19 in the Orientation Camps. The commendable action equally brought to the fore his concern for the health and general well-being of Corps Members and staff.

In recognition of his efforts at curtailing the spread of COVID-19, Victims Support Funds (VSF), an organisation chaired by Lt Gen TY Danjuma donated 60,000 RDT test kits to the Scheme. The kits are used

Brigadier General Shuaibu Ibrahim:

for the screening of prospective Corps Members and camp officials for COVID-19 in NYSC Orientation camps nationwide.

In his quest to expand the administrative structure of the Scheme, the Director General ensured the smooth take - off of the NYSC Area Offices, whose approval had earlier been secured by the immediate past administration of Gen Kazaure, one in each of the six geo-political zones of the country, headed by a Director on salary grade level 17. This feat has opened up more vacancies, allowing for posting of other cadre of staff alongside the Directors to man the Offices. The Area Offices are located in Kaduna (North West), Niger (North Central), Bauchi (North East), Enugu (South East), Osun (South West) and Delta (South South) have since taken off and have in no mean way boosted staff morale and operations of the Scheme.

In line with one of the cardinal points of his policy thrust, the Director General has been pursuing policies that are geared not only towards motivating staff, but also promoting industrial harmony in the Scheme. This has been aptly demonstrated through prompt payment of entitlements, capacity building programmes, as well as timely and transparent conduct of promotion examinations. During the 2020 Promotion Exercise for instance, One Thousand Seven Hundred and Eighteen (1,718) out of the Two Thousand One Hundred Fifty-One (2,151) officers that participated in the event were elevated to the next grade level after meeting the requirements stipulated in the Public Service Rules and NYSC Conditions of Service. Additionally, the 2021 Senior Staff Promotion Examination recorded a huge success. The impact of these promotion exercises has reinforced the commitment of staff to work for an enhanced performance.

Meanwhile, as Management strives to enhance the motivation of staff, much premium is laid on the need to have a highly disciplined workforce. In this regard, officers who commit infractions are reprimanded in line with the provisions of the Public Service Rules (PSR).

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

On strengthening the existing collaboration with critical stakeholders, on assumption of office, the Director General saw the dire need to sustain and strengthen the existing collaboration with critical stakeholders to garner more support and involve them in the management of the Scheme. He therefore embarked on advocacy visits to the stakeholders such as the former Head of State, General Yakubu Gowon, whose administration founded the Scheme. The Director-General has had interface with the 36 State Governors, the Governor of the Central Bank of Nigeria, heads of Security and Anti-Corruption Agencies, Federal Road Safety Corps, among other stakeholders. The impact of this initiative is the improvement already being achieved in stakeholders' support to the Scheme which is of great essence.

The Director General also addressed a meeting of the Nigeria Governors' Forum – the first of such engagement by any Chief Executive of the Scheme. He used the occasion of the meeting to appreciate the State Governors for their support to the Scheme, through various intervention projects in their respective States. He drew their attention to other areas that needed to be addressed, being part of the obligations of the State Governments to the Corps, as spelt out in the NYSC Act.

Consequently the hosting of the meeting of NYSC top Management with the representatives of State Governments and the Federal Capital Territory Administration, a fallout of the meeting with the Governor's Forum is aimed at strengthening the collaboration with the Scheme, with a particular focus on the discharge of the statutory obligations of the States and FCT to the NYSC, as spelt out in its enabling Act.

The impact of the meeting is profound, as several State Governments have made remarkable gestures in support of the Scheme. Prominent among them is the donation of two NYSC permanent Orientation camps by Edo and Anambra States, plans by the Lagos State Government to build a 14,000 -- capacity Orientation camp and the ongoing upgrading and rehabilitation of camp facilities in twenty five States, while the

Brigadier General Shuaibu Ibrahim:

expansion of camp facilities has commenced in nine States to meet the 5,000 -- Corps Member and 500 -- course official -- capacity camp.

Other notable gains derived from the meeting include, constitution of functional NYSC State Governing Boards in seventeen States, with eighteen States enhancing the regular payment of state allowance to Corps Members, provision and upgrading of transit camps for Corps Members in thirty -- one states, provision of watertight security for Corps Members in all the States and the FCT, issuance of circulars by State Governments against the rejection of Corps Members, increased partnership with the Association of Local Governments of Nigeria (ALGON), provision of decent accommodation or payment of allowance in lieu of that to Corps Members and provision of office and residential accommodation by the States hosting the Headquarters of the Area Offices.

In Promoting NYSC/Media relations, the Director General has since assumption of duty, strived to strengthen the cordial relations the Scheme enjoys with the Media. This, he kick-started with his maiden chat with Editors, Bureau Chiefs and Youth Correspondents of various Media Organisations in the country on 15th August, 2019. Brig Gen S Ibrahim also paid courtesy visits to Media offices in Abuja, including the Headquarters of the Nigerian Television Authority (NTA), News Agency of Nigeria (NAN), Media Trust Limited and Leadership Group Limited. Similar visits with Director-General's directive were also made to Lagos Head Offices of The Punch, Daily Sun, The Nation newspapers, among others. He has consistently maintained his Media-friendly posture, thereby attracting wider publicity for the Scheme's activities.

To deepen and sustain the wide publicity that the Scheme has enjoyed, he has resuscitated the production and airing of the NYSC Half Hour programme on NTA International Channel 251 and Armed Forces Radio FM. So far, plans have reached an advanced stage to establish the first ever NYSC FM Radio that will be useful to adequately drive the

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

publicity efforts of the Scheme and showcase its activities to Nigerians and the entire world.

The Director-General in furtherance of his transparent, inspirational and all-inclusive style of administration paid visits to some former Chief Executives of the Scheme. The gesture was aimed at appreciating their respective contributions to the development of Scheme when they were in the saddle of leadership, and also tap into their vast wealth of experience. The former Chief Executives appreciated the initiative as it was the first ever visit paid simultaneously to them.

The maiden meeting with the Registrars of some Foreign Corps Producing Institutions was also held, having uncovered the fraudulent activities of some tertiary institutions in Africa, especially in the West Africa sub region which have the penchant to issue questionable academic certificates to unqualified persons, who in turn present same to get mobilised for national service. The Director-General has commenced an aggressive fight against this menace which has earned him the commendation of the President, His Excellency Muhammadu Buhari GCFR, during his address at the 2018/2019 President's NYSC Honours Award Ceremony. Similar commendations were given to him by a broad spectrum of vice chancellors of some indigenous and foreign institutions, including the Honourable Minister of Education.

In addition to hosting the meeting with the Registrars, internal mechanisms have been put in place for easier detection of unqualified persons attempting to present themselves for mobilisation for service. As a result of the stance of Management, some of the foreign institutions are now volunteering to alert NYSC of suspected fraudulent practices by their students. Interestingly, out of over twenty thousand (20,000) persons who registered online as foreign-trained prospective Corps Members of the 2019 Batch 'C' Service Year, only three thousand, four hundred and twenty (3,420) turned up for the pre-mobilisation physical screening of their credentials.

Brigadier General Shuaibu Ibrahim:

To serve as a deterrent to others, sixty-five (65) unqualified persons arrested during the 2019 Batch ‘B’ Stream II Orientation Course in camps across the country are being prosecuted with some convictions already secured. These steps taken by Management have helped to create national awareness, especially on the need for parents and guardians to check the accreditation status of the institutions attended by their wards, and also monitor their academic progress.

The bold move by the Director General in sanitising the mobilisation process will also ensure that only well trained and competent persons occupy critical positions that will fast-track the development of the country.

The Director-General has equally hosted a national sensitisation programme on the NYSC Act on 24th July, 2019 in Abuja. Prior to this, it was clear that many Nigerians were not aware of the provisions of the Act – a situation that has led to avoidable infractions. With the sensitisation, which is still on-going, organisations and individuals are now having better understanding of their obligations to the Scheme. In particular, cases of evasion and abscondment from Service, especially by the foreign-trained Nigerian graduates, are expected to reduce drastically.

Broadly looking at the reinvigoration of the NYSC ventures and skill acquisition and entrepreneurship development programme in line with NYSC Act for greater impact, the Director General has been speaking passionately about his desire to make the Skill Acquisition and Entrepreneurship Development (SAED) Programme and NYSC Ventures Management Departments more functional.

To match words with actions, he has taken several steps towards reinvigorating the SAED programme, including, but not limited to the following:

- Renewal of commitment by the NYSC and Bank of Industry towards the resuscitation of empowerment of Corps entrepreneurs with business loans under the BOI-NYSC Graduate Empowerment Fund.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

- Intensive monitoring of GEF beneficiaries.
- New collaboration with NIRSALE Microfinance Bank on empowerment of Corps entrepreneurs.
- New partnership with Unity Bank Plc on a programme named 'Allawee' aimed at empowering Corps members.
- Collaboration with British-American Tobacco Foundation on empowerment of Corps Members with agricultural skills and business trainings, farm internship, mentoring and farm input supplies.
- Hosting of the 2020 NYSC SAED Stakeholders meeting aimed at reviewing the programme implementation strategies, as well as strengthening of existing partnerships and exploring new ones for further technical and material support.
- Pursuing the completion of the North West Skill Acquisition Centre in Kazaure, Jigawa State, this is now at advanced stage.
- Commencement of work on the North Central Skill Acquisition Centre in Keffi, Nasarawa State.
- Research-based collaboration with OAU-NACETEM sponsored by a Canadian Agency, International Development Research Centre on evaluation of the impact of SAED and reinvigorating it for greater impact.
- Resuscitation of NYSC Water Factory and Bakery at NYSC Orientation Camp Kubwa. The NYSC Water Factory and Bakery were revived and revitalised by the Director-General immediately he assumed office, and these two ventures are now producing at full capacity. The water and bread produced in these ventures are being supplied to the FCT, Nasarawa, Kogi, Kaduna and Niger State Orientation camps and the general public. These ventures now generate revenue to the Scheme and help Corps Members acquire skills too.
- Purchase of modern farm equipment for the four NYSC functional farms namely, NYSC Farm Kwali in FCT, Saminaka, Kebbi State, Dungulbi, Bauchi State and Iseyin Oyo State. Each of these farms now has tractors and other basic farm equipment.

Brigadier General Shuaibu Ibrahim:

- The consistent support in terms of funding and staffing has increased the hectares under cultivation from 60 hectares to 160 hectares during the 2020 farming season.
- Reclaiming of NYSC farmland at Ezillo which hitherto was collected by the Ebonyi State Government. Immediately after the reclaiming, tractor was purchased for farming operations at the Ezillo Farm.
- The structure of Ventures Management Department was expanded which gave room for the promotion of staff, and has in no mean way motivated the staff members.
- Registration of the two NYSC Garment Factories, Water Factory and Bakery with the Corporate Affairs Commission. Arising from the last Meeting of the NYSC Top Management with Representatives of State Governments, the Governors of Edo and Ekiti States announced the donation of land for the siting of two garment factories which will boost the production of Corps Members' kit items.
- Developing partnership with relevant institutions such as International Institute for Tropical Agriculture (IITA), National Agricultural Land Development Agency (NALDA), NCRI, NCAM, ARMTI, NCAC etc. to enhance the productivity of NYSC Farms/Ventures among others.
- Resuscitation of moribund NYSC Feedmill, Lagos. The mill is now ready to start production of animal feeds.
- Construction of new poultry pen at NYSC farm Kwali, FCT.
- The Director General has met with the State Governors and other stakeholders with a view to securing land in all the States for agricultural production.

In addition to the above, twelve States have opened up their skills centres for the post camp training of Corps Members to further strengthen the skills and entrepreneurship training acquired in camp.

- The tremendous support given by the Director General has repositioned all the NYSC Ventures for greater revenue generation for the Scheme.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

Interestingly, the Scheme paid into the national coffers over Two Hundred and Eighty Million Naira (N280,000,000.00) as internally generated revenue which is unprecedented in the annals of the Scheme.

The Director General who has introduced the use of name tags by every member of staff for easy identification, equally in an unprecedented move sought the help of the Federal Government in tackling the ecological challenges confronting some of the NYSC Orientation camps. Government granted the request through the deployment of Ecological Fund to tackle the menace. Eight camps have been approved as beneficiaries in the first phase of the intervention. Already, work is ongoing in Cross River, Taraba, FCT and Nasarawa Orientation camps.

In recognition of his service to the nation, Brig Gen Shuaibu Ibrahim who has institutionalised Farewell Parade for outgoing NYSC Chief Executives - a novelty, has received numerous commendations and awards which include:

- Chief of Army Staff Award as the Overall Best Participant for 2013 NAEC Executive Management Course.
- Nigerian Institute of Public Relations (NIPR) Special Recognition Award 2014.
- Award for Distinguished Professional Contributions to Public Service/Fellowship (FCAI) by Institute of Corporate Administration.
- Professional National Award (Historical Society of Nigeria HSN) and
- Chief of Army Staff Commendation Letter 2018.

Conclusion

The above discourse has given an insight on the achievements of General Shuaibu Ibrahim since becoming the Director General of the National Youth Service Corps. Within the last two years, the Scheme has made some giant strides owing to the pursuit of strict implementation of the Director General's five-point policy thrust. Therefore, the contributions of Brig Gen Ibrahim to the NYSC since his ascension into

Brigadier General Shuaibu Ibrahim:

office cannot be overemphasised. These contributions are indeed remarkable, and will undoubtedly stand the test of time, having set the Scheme on growth trajectory and continuous relevance.

THE NYSC AND NIGERIA'S HEALTH SECTOR

Bem J. Audu and M. Hamza

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Oral Interview

Interviews with NYSC Coordinator

Jibril Umar, Head of Ventures Kubwa, 50+, Interviewed at Kubwa
Abuja, 15/3/21

Emeka -- Rems Mgbemena, Deputy Director and Head, Publications Division, Press and Public Relations Unit, NYSC National Directorate Headquarters, Abuja, 50+, Interviewed at Abuja,
15/3/21

INDEX

INDEX

- Abah, J., iv, 19,
Abdulazeez, S. T., 50, 54, 71,
76,
Abdullahi, H., 304, 323,
Abdulrahman, I., 16,
Abubakar Audu University, iv,
Abuja initiative, 27,
Acheampong, P. T., 276, 298,
Achebe, C., 344,
Adedeji, A., 179,
Adeshida, A., 178, 191,
Adeyemo, D. O., 17,
Adimekwe, S. A., 256, 272,
276, 298,
Adomgbe, A. E., iii, 208,
Africa, 48, 98, 154, 277,
Agbazue, V. E., 238, 239, 253,
Agha, S., 68, 72, 74, 76,
Ahmadu Bello University, 328,
Ajibaye, A. O., 282, 299,
Ajibola, P. B., 233, 254,
Akinshola, H. A., 11,
Akinwamide, T. K., 320, 323,
Akunne, O., 192, 205,
Aliyu, R., ii, x,
Alma-Ata Declaration, 17,
110, 161, 168,
Amaka, J. I., 310, 323,
Amehichaba, A., 96,
Amoke, O., 51, 54,
Amos, V., 46, 54, 66, 74,
Anambra state, 280, 292, 296,
Anan, K., 42,
Anasi, S. N., 38, 54,
Anijah-Obi, F. N., 285, 298,
Ankrah, E. M., 67, 74,
Ainsworth, M., 69, 75,
Aregbesola, B. S., 17, 174,
Aremu, A. S., 40, 54, 277, 298,
Arigbo, P. O., 137, 141, 155,
Arubay, D. O., 73, 74,
Asiegbu, M. A., 3,
Asuzu, M. C., 5,
ASWAMA, 296,
Atta, E. B., 9,
Audu, B. J., ii, iii, x, 325, 344,
Audu, U. F., 282, 299,
Awka, 281,

INDEX

- Babalola, O., 189, 191,
Babangida, I. B., 307,
Baikie, A., 5,
Balogun A., 5, 78, 79, 80, 81,
82,
BCC, 89,
Bello, H., 276, 298,
Bennet, S., 138, 155,
Benue state university, iii,
BHSS, 161,
Boakye, S., 286, 298,
Borno state, 327,
Bornstein, D. A., 140, 155,
brain drain, 29,
bubonic plague, 77,
Buhari, M., 267, 334, 338,
Burma, 301,
capacity-building, 185,
Chinwe, N. C., 234, 235, 236,
253,
Christopher, A., iii, 255,
civil war, 44, 118, 128, 177,
231,
corona virus, 78, 327,
corruption, 31, 32, 329,
COVID-19, 42, 68, 78, 97, 265,
327, 330, 335,
Crawford, D., 99, 116,
cultural tourism, 120,
Daka, T., 268,
Daniel, C., 43, 54,
Daramola, O. P., 260, 272, 277,
298,
Darego, I. T., 138, 156,
David, H., 49, 54,
Debom, M. T., 138, 156,
deployment, 310,
DR Congo, 98, 114,
drug abuse, 121, 123, 127, 300,
301, 302, 304, 314,
drug addict, 313,
Eberly, D. J., 137, 156,
Ebola virus, 97, 98, 99, 100, 101,
104, 106, 109, 112, 113,
114,
economic empowerment, 197,
Edo state, 164, 333,
EFCC, 330,
Egbule, J., 99, 106, 116,
EIA, 235,
Ejike, K., 232, 253,
Ekong, I. E., 260, 271, 272,
273,
Elemure, V. E., 138, 141, 156,
Emuakpor, A. S., 2,
Enegwea, G., 179, 183, 191,
229, 253, 273,
environmental corrosion, 255,
deterioration, 276,
protection, 232, 245,
257, 292,
sanitation, 244, 255,
256, 257, 260, 263,
276, 282, 295,
Fajewonyomi, B. A., 16,
Falda, H. O., 142, 153, 156,
Farco, D. O., 141, 156,
Fendall, N. R. E., 8, 12,
FEPA, 232, 233, 234, 235,
fertility, 86,
Fouquet, R., 139, 157,
France, 135,
Franco, L. M., 138, 155,
Frankish, C. J., 42, 55,
Gabon, 100,
Gage, H., 141, 156,
Garland, J. C., 85,
Geneva, 22, 36,

INDEX

- Ghana, 135,
Gigane, U. Y., 319, 320, 321,
 324,
Gowon, Y., xi, 128, 179,
Great Britain, 4,
Habel, K., 97, 116,
Hakim, L., 258, 273,
Hamza, M., ii, iv, x, 325,
Hannan, A. M., 67, 75,
health care delivery, 1, 2, 9, 15,
 financing, 241,
 initiative, 183,
Hecht, R., 70, 75,
Hippocratic Oath, 32,
HIRD, viii, 107, 108, 162, 163,
 166, 168, 173, 225, 226,
HIV/AIDS, viii, 22, 23, 26, 49,
 57, 61, 63, 65, 66, 69,
 77, 78, 79, 80, 81, 84, 85, 87,
 90, 92, 94, 95, 165, 190, 199,
 200, 220,
Hockenbury, D. H., 140, 157,
Huber, M., 60, 75, 259, 274,
Ibi, 7,
Ibidunmi, A. S., 153, 156,
Ibrahim, S., ii, x, 325, 327, 328,
 332, 342,
Ichaba, A. A., iii,
Ida, 7,
IDA, ix,
Ikeke, M. O., 270,
Ikoro, D. E., 137, 141, 155,
Ilorin, 7,
IMC, 101,
immunization, 31, 181, 183,
India, 301,
industrial strike, 33,
infectious disease, 41, 43,
infirmitiy, 208,
influenza, 77,
insecurity, 148,
Ishaq, A., iii, 300,
Israel, 135,
Itodo, U. F., iii, 1, 92,
Ityavya, D., 6,
Iwu, R. U., 47, 55,
Iyere, J., 1, 2,
Jinaidu, M. K., 16,
Kaduna, ii, 7, 335,
Kano, 12, 41,
Kazaure, S., 201, 335,
Khan, S. M., 17,
Kogi state, 135, 143,
Kwara state, 186, 187,
Ladan, M. T., 241, 254,
Ladele, A. A., 71, 74,
Lawal, O., 187, 188, 191,
Lamido, U. A., iv, 177,
leadership, 37, 180, 345,
Leonard, A., iii, 160,
Liberia, 100,
Lippman, S. A., 60, 62, 63, 76,
Lokoja, 7, 143, 144,
London University, 112,
Lucas, A. O., 16, 162, 176,
Luloff, A. E., 269, 274,
Madu, I. A., 182, 191,
Maman, S., 60, 63,
Mamman, H., 315, 323,
Mansaray, A., 282, 299,
Marcus, T., 69, 76,
Mbemba, G.I.C., 153, 157,
McMichael, A. J., 44, 55,
Melvin, A. G. A., iii, 229,
Mgbemena, E. R., 345,
Mohammed, L., 231,
Mohammed, M., 64, 247,
Monrovia, 101,

INDEX

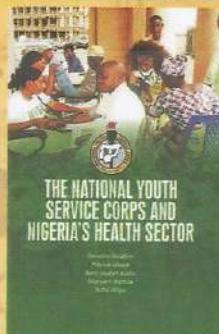
- morbidity, 48,
mortality rate, 22,
mutual fidelity, 68,
NACA, 15, 85,
NAFDAC, 46, 47, 125, 126,
128, 223, 240, 317, 319,
national cohesion, 177,
National Defence College, 327,
Development Plan, 9,
10,
Health Care, 18, 161,
Health Policy, 162,
security, 47,
nation-building, 37, 177,
NCDC, 103, 264, 331,
NDLEA, 46, 47, 125, 126, 128,
132, 133, 134, 223, 300,
301, 305, 308, 309, 312,
317,
NESREA, 236, 238, 239, 240,
243, 245, 247, 249, 250,
270,
Ngang, B. U., 238,
NPHCDA, 98, 106, 110, 111,
112, 115, 116, 162, 200,
NHIS, 25,
NHMIS, 23, 26, 112,
Nigerian Defence Academy, iii,
iv, 327,
NMA, 210,
Nnamani, D. O., 142, 157,
Ntagu, M. P., iv, 37, 275,
Nursing Council, 13,
Obadare, E., 39, 55,
Obansa, S. A., 139, 158,
Obar, J. A., 60, 75, 259,
Odikpa, S., iv, 1, 176,
Odimegwu, I., 4,
Ogbodo, G. S., 233, 254,
Ogunne, M., 268,
Ogunshola, F., 113, 117, 301,
Ogunsola, S., 301, 302, 305,
312, 315, 324,
Oguwuike, T. U., 47, 55,
Okafor, E. E., 181, 191,
Okafor, I. P., 308, 322,
Oladipo, A. R., 16,
Olawumi, J., 188, 189,
Omekusi, G. C., 137, 155,
Omoleke, I. I., 32, 35,
Onoja, A. I., 47, 55,
Orimisa, A., 139, 158,
OVC, 86.
PLWA, 71, 80,
policy formulation, 27, 28,
pollution, 50, 231, 234,
control, 235,
poor motivation, 30,
poverty, 118,
eradication, 59, 197,
primary assignment, 46, 65,
252,
health care, 23, 109,
110, 161, 162, 172, 211,
216,
Promise, C. V., 275,
public health 283,
Pyla-Mak Publishers Ltd., ii,
Ransom-Kuti, O., 10, 11, 17,
reconciliation, 231,
recruitment, 33,
Red Cross, 40, 198, 199,
redeployment, 136,
rehabilitation, 196,
resource mobilization, 200,
restorative care, 196,
retraining, 33,
SACA, 85,

INDEX

- sanitation, 242, 266,
sanitization, 34,
SAP, 213,
SARS, 44,
Schram, R. A., 5, 7, 15,
Scott-Emnakpor, A., 5, 11, 14,
SDOH, 43,
sensitization, 52, 57, 73, 89,
183, 184, 258, 319, 321,
SEPAS, 235,
Shanghai, A. C., 286, 299,
Shuaib, F., 97, 102, 104, 117,
Sierra Leone, 100,
social mobilization, xii, 60, 67,
105, 170, 180, 200,
socio-cultural regeneration, 59,
259,
Sokoto state, 227,
Solomon, M., 64,
South Sudan, 98,
Soviet Union, 230,
STD, 3,
Stern, P. C., 284, 288, 298, 299,
Stine, G. J., 77,
Sule, A., iii, 135,
Sussman, S., 303, 304, 324,
Taraba state, 164,
Tersoo, O. S., iv, 77,
tertiary health care, 17,
the reproductive health, 223,
Theodori, G. L., 269, 274,
trafficking, 301, 307,
Ubrurhe, J. O., 3,
UCH, 6, 11, 217,
Uganda, 80, 136,
Ugbegidi, S. I., 83, 84, 85, 86,
87, 93,
Ugwuoke, K. A., 306, 308, 324,
UHC, 210,
Ukase, P., ii, xi,
Ukpong, S., 283, 299,
UNAIDS, 22, 58, 63, 65, 70,
76,
UNDP, 19,
Uneke, C., 13,
UNICEF, 38, 56, 58, 71, 165,
219, 274,
United Kingdom, 217,
United Nations, 19, 208,
University of Abuja, 327,
University of Jos, 327,
University of Manchester, 73,
University of Nigeria, 12,
University of Sokoto, 12,
USA, 135,
Ututu, N., 84, 86, 88,
Welcome, M. O., 14,
WHO, 20, 27, 29, 33, 35, 36,
43, 58, 61, 63, 76, 84,
110, 117, 159, 197, 206,
208, 315,
WMA, 32,
World Bank, 21, 24, 25, 35,
159, 167,
World War II, 6,
World War I, 7,
WOTCLEF, 89,
Wunsch, J., 10,
Yaba Medial College, 14,
Zimbabwe, 136,
Zungeru, 7,

ABOUT THE BOOK

Efforts towards achieving sustainable development in any nation require an all-encompassing improvement in all major sectors. Aside the consideration of economic, political and socio-cultural factors that have enhanced sustainable development, especially in most developed countries of the world, the attainment of maximum level of health among individuals of a country is another considerable factor that has led to the successes of these countries. The National Youth Service Corps NYSC have prioritised the development in health since the inception of its Community Development Service (CDS) programmes in the 1980s. Overtime, the health sector in Nigeria has been challenged in numerous ways. The NYSC has remained a major pillar of support to the health sector in Nigeria since the 1980s. Through its various programmes carried out under the banner of the NYSC Community Development Service, the NYSC have been able to key in to every agenda of the health sector which most importantly is the overall provision of health care to the Nigerian populace, especially those in remote areas and those who cannot afford basic health care services. The above narrative informed the writing of this book titled: The National Youth Service Corps and Nigeria's Health Sector. The book is a compilation of well-researched articles on the activities of NYSC in the health sector, its impacts and challenges overtime.



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