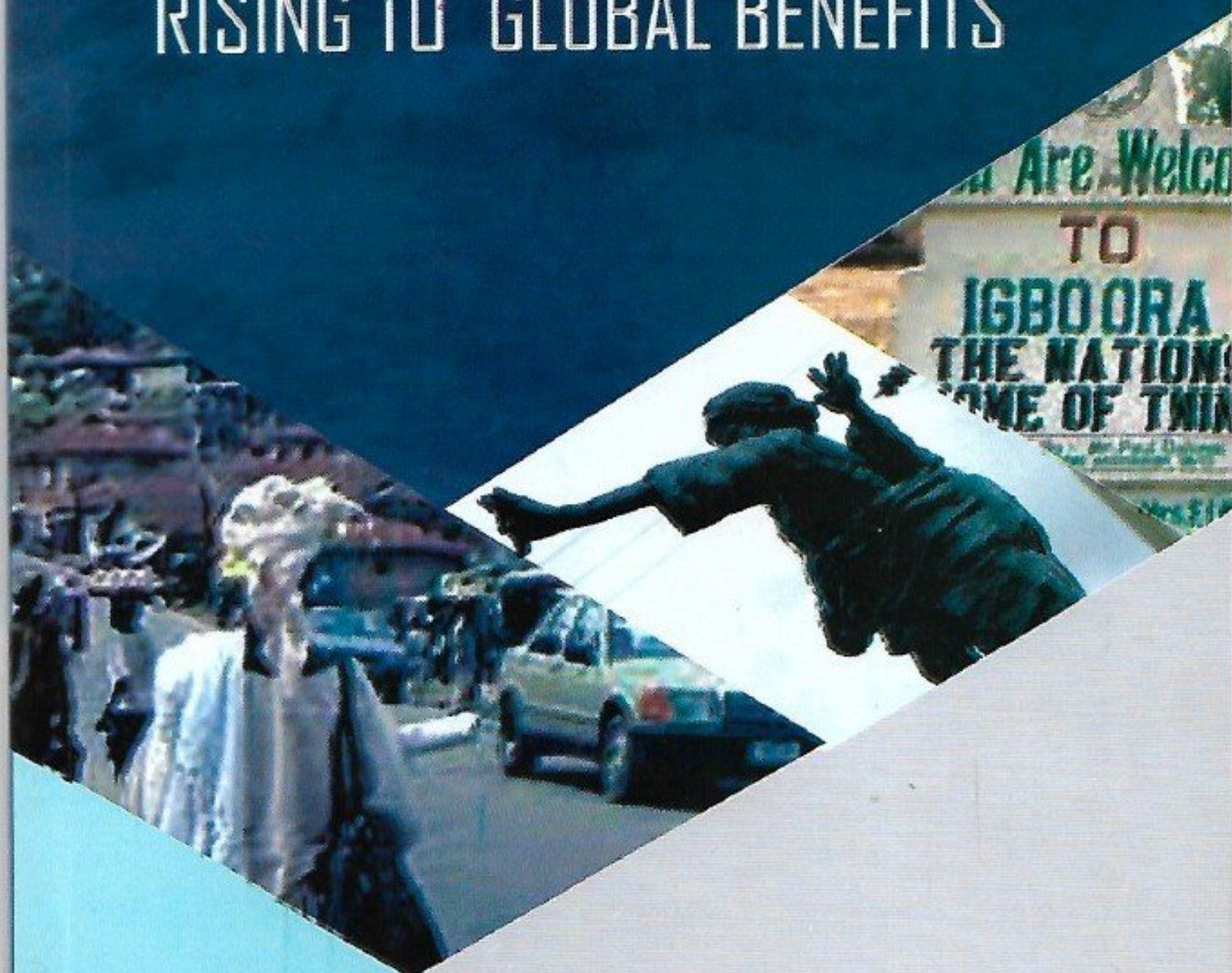


IGBOORA IN CONNECTIVITY

RIISING TO GLOBAL BENEFITS



DJELABI S.O.O.

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OF
JELABI'S BOOK
OF IGBO-ORA

Foreword

As far as I am aware, this is the first historical account of IGBO-ORA, a fascinating savannah town in OYO State, situated on the edge of forestland, written by an indigene whom I have known for years, and whose love and passion for his home - town is beyond description. Not being an indigene, I am not in a position to comment on the accuracy or otherwise of this publication, but I have no doubt in my mind that this book poses a challenge to future historians on a matter of public interest. Mr. Ojelabi was on the foundation junior staff of the Project in the 1960's.

My first contact with IGBO-ORA was in the late 1950's after the first University College in Nigeria with a Faculty of Medicine, had been established in 1948, and when the foundation staff of that Medical School had settled down to work, and were beginning to look around for a study of health and disease in a tropical environment. One of the first attractions, which caught the attention of a dermatologist in the Department of Medicine was a skin disease known as NCOCERCIASIS. He observed that a number of his patients with this condition gave IGBO-ORA as their home address.

Research curiosity led him to decide to follow some of these patients to their home town, which he understood to be outside the outskirts of Ibadan. The patients obviously enjoyed the ride in the doctor's car, a journey which took them through OMI-ADIO, across the OGUN RIVER, over LOKOMEJI BRIDGE, and then through ERUWA Village until they finally arrived in IGBO-ORA. The doctor looked at the speedometer of his car, and it had clocked 60 miles.

When he returned to Ibadan and gave a report to his colleagues, his emphasis was more on the captivating beauty of the landscape - a beautiful savannah land with undulating hills. That was IBARAPA LAND, which was to be the site for the famous IBARAPA PROJECT of the University of Ibadan. There were native administration dispensaries and maternity centres scattered all over the place - in LALATE, ERUWA, TAPA, AIYETE, IDERE, IGANGAN, but the best of them all was the OYO STATE owned IGBO-ORA HEALTH CENTRE, a COMPREHENSIVE PRIMARY HEALTH CENTRE with a Health Sister (Mrs. OBISESAN, S.R.H., S.C.M.) in charge.

The dermatologist decided to run an Outpatient Clinic at the IGBO-ORA HEALTH CENTRE once a month and he took medical students along with him each time. The enthusiasm over IGBO-ORA soon affected the Foundation Head of the Department of Medicine, PROFESSOR

ALEXANDER BROWN, who found that the IGBO-ORA REST HOUSE (which had been a favourite resort of the European RESIDENTS and DISTRICT OFFICERS in the olden days of OYO PROVINCE) was an ideal place for a weekend.

One thing led to another, and soon, many other Faculty colleagues began to visit IGBO-ORA. As it happened, I was the first to be caught in the web. Professor Brown spent endless hours preaching to me to accept the Directorship of "this new project", which he considered essential for the training of our medical students in how to live and work as doctors in rural communities. Together we produced the FIRST CLINICAL CURRICULUM, which came into effect as soon as the University College became autonomous as the University of Ibadan. That curriculum required medical students in their 4th clinical year to live and work as student doctors in Ibarapa for 2 months in rotation, so that there were students at Igbo-Ora throughout the 12 months of the year.

This experiment in Medical Education attracted many generous financial and staff support from the Rockefeller and Ford Foundations, the London School of Tropical Medicine and Hygiene and the Liverpool School of Tropical Medicine. It also attracted a leading article in the Lancet of 6th February 1965 titled AKUFO AND IBARAPA. The relevant part of that article is worth repeating here. It reads as follows:

"Irrespective of whether one is dealing with disease in urban or rural areas of Africa, the outstanding obstacle to a rational approach to disease control is the complete lack of valid statistical data relating to the African population, and describing its distribution, birth rates, death rates and incidence of disease in terms of mortality and morbidity....

Before any plan for the control of disease in Africa can be soundly formulated, it will be necessary to establish studies to secure substantial data on actual disease ... in both rural and urban areas".

This quotation from the Harar report expressed a view point shared at the time by the Liverpool School of Tropical Medicine, which in 1958 created a new form of lectureship (the lectureship-at-large) as a contribution to the study of endemic disease of the tropics. The first lecturer, Dr. H.M. Gilles, went to Ibadan University College to carry out a long-term technical and statistical survey of life and health in a Yoruba village. The outcome was the Akufo village scheme. This inquiry, the first of its kind in West Africa, was designed to examine the factors involved in the medical patterns of a village community, including diet, physical environment, and social and genetic background. Its findings, therefore, reflect the problems of West African communities in general, and they illustrate the methods by which technical and demographic surveys can be

successfully carried out. They particularly emphasise the balance between the nutritional state in childhood and communicable disease. The results are of considerable interest in themselves, but much of their significance lies in the implications of the teaching of medical students in Nigeria - indeed, in all developing countries.

The hope was that Akufo village might become a centre for the teaching of community and preventive medicine to undergraduates taking the Ibadan medical degree or to postgraduates initially trained elsewhere but not adequately instructed in Nigerian endemic diseases or community hygiene. For this purpose, reliable statistical data, such as GILLES reports from Akufo, are as essential as they are difficult to obtain. He is to be congratulated on the success of his studies, which were greatly aided by the cooperation of colleagues from Ibadan University. Readers of GILLES book will be impressed by the support it gives to the common-sense view that a rational curriculum for medical students in Nigeria, as a representative developing tropical country, should be based on the real medical needs of the community.

A larger and more permanent community health project is, however, being developed by Ibadan University in Ibarapa district, some 50 miles from Ibadan, in which undergraduate teaching is to be an important part. The project is being developed with the collaboration of the Ministry of Health, Western Nigeria, the Rockefeller Foundation, and the backing of the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine, each of which has seconded a lecturer for the purpose.

Its aims, lately set out by Dr. T.O. Ogunlesi, are:

- (1) the teaching of the principles of community medicine to undergraduate students;
- (2) the determination of the type of health service most appropriate to the area;
- (3) the statistical study of the population and the analysis of its clinical and preventive needs; and
- (4) epidemiological and other forms research.

Teaching in Ibarapa has already started and will be incorporated in the medical curriculum of the University of Ibadan. Groups of students in their clinical years will begin to live and work in the area from September, 1965, each group spending two months in residence on the project. During each posting the students will work in the community health centre, local clinics, laboratories, and they will spend some time attached to research

programmes in health statistics, epidemiology and sociomedical problems of obstetrics, paediatrics, and environmental health. They will also take part in the day-to-day running of primary health units, including dispensaries and maternity centres.

By working in "a representative segment of the normal community" the students should acquire a sound practical knowledge of the diseases which affect the bulk of the community and the relevant aspects of hygiene and preventive medicine. Since the teaching of many otherworldly excellent medical schools in the tropics is often based too slavishly on European or American patterns, to the exclusion of proper emphasis on preventive and community aspects of medicine and endemic disease, this venture at Ibadan is a major breakthrough in medical teaching in Africa.

The farseeing Faculty in Ibadan has made a move which could well provide a pattern for future medical training through the developing world leading at last to local production of the kind of doctor really needed in the community".

The story of the first 25 years of the IBARAPA PROJECT has been written and published in a book jointly edited by Professor A.B.O.O. Oyediran and Dr. W.R. Brieger.

Elaborate plans were also made to celebrate the Golden Jubilee of the Project in 2015, but unfortunately, these plans have suffered postponements ever since, for a variety of reasons.

Be that as it may, Prophet Ojelabi deserves to be congratulated for his efforts in producing this book, and to him we say WELL DONE.

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BAA SEGUN OF IBARAPA
BAA SEGUN OF REMO LAND