

## **REPORT ON HEALTH PROJECTS IN CROSS RIVER STATE**

The Cross River State Government has embarked on a seven point development agenda which is captured in the Economic blue print of the state.

Health occupies the fourth slot on the agenda with plans to “institutionalise basic healthcare by providing a primary healthcare delivery system that meets the needs of both urban and rural communities”.

This vision is globally acclaimed to be an essential tool in providing qualitative and accessible healthcare to the greater population in every responsive nation.

The political momentum needed to achieve this health agendum is aptly demonstrated by the Government’s establishment of Cross River State Primary Healthcare Council (CRSPHC), with His Excellency as Chairman.

This action is consolidated by the efforts at institutionalisation of the intervention strategy through the development of a draft law for the Cross River State Primary Healthcare Development Agency (CRSPHCDA). This hopefully will be finalised and Passed into enforceable law.

The state government is collaborating with the Federal Ministry of Health to develop a State Strategic Health Development Plan under the Health Systems Development Project. The Cross River state PHC blue print which was developed with the assistance of CIDA, formed the bedrock of the state strategic Health Plan.

The focus of the state on Primary Health care delivery is extremely needful judging from the need to reach the poor which form a substantial mass of the state population. The poverty rate in Cross River state is 70%. The impact of poverty on health indices of the Children under 5years which form 21% of the population, and Women of child bearing age (24% of population) is extremely disturbing.

The Maternal Mortality Rate (MMR) is 2,000 deaths/100,000 live births, which is more than double the National rate which is 800 deaths/ 100, 000. Equally alarming are Infant Mortality Rate (IMR) of 245 deaths / 100,000 infants with the National figure at 100/100,000.

However, the state government is giving these the attention deserved by the Social Safety Net programme embarked upon in the state. This program has a component tagged the Free Health care scheme which has the Reduction of MMR and IMR as one of its long term goals. To improve efficiency and avoid waste in the programme, the state has applied the effective use of Technology in the program.

The use of ICT is employed to capture the bio data and biometrics of eligible citizens, verification of data prior to administration of benefits, capturing details of each administration in terms of time, date, place, beneficiary, benefit, cost, and for monitoring. These data are then analysed to evaluate impact and derive other benefits of data management. The use of ICT has resolved the issues around identity management with respect to knowing those eligible, and children that are past the age of eligibility. The program has been officially launched and rolled out in 35 Primary Health Care Centres and 16 Secondary Health care Centres across the state. Already, the Free Health Scheme has attended to over 130,000 beneficiaries.

To further drive down the MMR and IMR, the state is positioned to benefit from the Federal Government Midwives Service Scheme (MSS). Already, selection of Health facilities based on the MSS clusters is on -going, with the mobilization of 61 retired but able and unemployed midwives for the scheme. Consequently, there is Training of 4 Midwife tutors as Master Trainers on Life Saving Skills for the MSS as well as Training of Ward Development Committees on Participatory Learning and Action.



The state is also making progressive efforts to Routine Immunisation (RI) from its September 2009 figure of 72%, to 80% by December, 2009. There were mop up campaigns in 4 LGAs when a case of Wild Polio Virus was discovered in Adadama, Abi LGA in April, 2009.

At the inception of this administration, there was no training institution accredited to train Nurses and Midwives. This led to a dearth of personnel in this cadre. However, current efforts of this administration have led to provisional accreditation for a school of Nursing and Midwifery.

The state is battling with the depletion of Doctors from the state employ to Federal health establishments due to the current wide disparity in their earnings. Currently, the Federal employed Doctors earn double the salary of a Doctor employed by the Cross River state Government. As a means of motivation however, the state is creating an enhanced postgraduate (residency) programme for the Doctors, with automatic employment when they become consultants. The effectiveness of this mode of motivation, without increased earnings, is more hopeful than realistic. There will still be need to improve on the disposable income of this class of workforce in order to reverse the current trend.

### **On the spot**

The team visited the Model Primary Healthcare Centre, Ukwutia-Utugwang North, Ogudu.

The centre was commissioned in March 2008 and is headed by an Officer in Charge, a Nurse that was not available during our visit. In attempting to know the whereabouts, various conflicting reports were given to the team. Despite his absence, the team was well received by the other staffers present.

The centre offers basic Primary Care services and had recorded 2 normal deliveries in September, 2009. Antenatal clinics hold regularly and attendees are given Insecticide Treated Nets (ITN) after attending the clinic 3 times. Although, another official reported that the ITNs are given only after delivery in the centre.

This we pointed out was wrong, as the ITNs are for pregnant women, as well as children.

Delivery costs N1, 500 for women attending ANC in the centre (booked cases), and N2, 000 for other non attendees (unbooked cases)

The labour ward was unkempt, and the delivery bed had no leg supports for the women in delivery.

In cases that need referral, the patients are transferred to Sacred Heart Hospital, Obudu using available public or private vehicle, as there is no ambulance in the centre, i.e. there is no ambulance service assigned to the centre.

Drugs in the centre are supplied by UNICEF and LGA stores.

The centre offers HIV Counselling and Testing services. However, clients that test positive are referred to another centre for post test counselling. This should be improved upon, as the staff can be trained to handle both pre-test and post test counselling.

There were widespread complaints of non payment to the volunteer staff, which seem to be the major bulk of officers rendering service in that centre.

The centre used to benefit from the visit of a Doctor twice a month, but this has not happened in the past 4 months, prior to our visit.

The team also visited the Ukpa Health centre, in Bekwara LGA, which is a pilot centre for Free Healthcare Programme for Pregnant Women, Children below 5 years and Conditional Cash Transfer to Poor Households.



This centre offers free health services to all registered pregnant women and registered children less than 5 years of age. The registration is done by the use of Information Technology equipment, by capturing the pictures, thumb prints, and bio data of each client digitally, and producing an identity card for each pregnant woman and child so registered. Each identity card has a bar code with facilities to annul the use of the card once the holder is no longer eligible for the use of such facilities.

The centre had been renovated to make it more functional, and has been fitted with solar powered lights, boreholes and various needed ICT equipment for the data management. However, the centre has no digital camera of its own. The new clients have to wait or return on days when the digital camera will be made available to the health centre before their digital registration can be completed. This mode of registration is cumbersome, and could be improved by providing this centre and other pilot centres with digital cameras.

The centre also renders HIV screening services. However, post test counselling for the positive clients are done in another centre entirely. Therefore, if a client is positive, the client will be asked to wait behind for referral to that centre for post test counselling. This is a form of stigmatisation that should be discouraged. Also, PMTCT should be encouraged and implemented in this centre.

The delivery room appeared functional, but it was disheartening that there was no sterilising unit in the centre. Instruments are merely cleaned in various bowls designated thus: washing, rinsing, Jik! This is should be stopped and a proper sterilising units procured. No state let alone a state with high infant mortality and HIV/AIDS prevalence; should condone this.

### **Practices to benchmark**

The use of electronically readable identity cards for the free health care programme will reduce waste and improve the efficiency of the programme.

The efforts of the Cross River state health ministry towards accessing the available resources from the Federal Ministry of Health is commendable.

## **Akwa ibom state**

The documents being expected from the Akwa state government officials on their health programs have still not been received. I have made many attempts through emails and text messages to these officials, but all to no avail.

### **On the Spot**

The team visited General Hospital, Ikot Ekpene and we were taken round the facility which was established in 1904 by the Medical Director of the Hospital. It is a 200 bed hospital that offers secondary health care to the populace.

The current administration renovated the hospital with installation of more modern equipment including a dental prosthesis production machine. Landscaping works were also carried out as part of the renovation.

The Government has also installed an Air separation plant which can be used to produce oxygen that is needed in the hospital.

Two years ago, there were 6 Doctors working in this hospital, but currently there are 24 Doctors in this hospital, among which are 6 specialists in various fields including Ear, Nose and Throat (ENT) services.

With the support of an International Donor agency, the hospital offers comprehensive care for HIV and AIDS, and Antiretroviral Therapy clinics are held on Wednesdays and Fridays.

The salary of health workers in Akwa Ibom state is comparable to that of Federal Government employees so there is retention of the needed medical workforce in the state. The State Government further motivated the workforce by giving brand new vehicles to all Doctors working in the state.