

REPORT ON FINDINGS IN THE HEALTH SECTOR IN RIVERS STATE

Rivers state Government in the last 2 years has undertaken various commendable strategies in the health sector to alleviate the health delivery gaps that existed in the state before the current administration under Governor Rotimi Amaechi.

In its bid to move the state forward in healthcare delivery, a Health Summit was held between the 5th and 6th February, 2008 for all stakeholders in health to make their inputs and achieve a state wide buy-in for the various strategies to be developed for implementation, from the summit.

The adopted system of healthcare delivery is anchored on Primary Care, which is an acclaimed health tool to deliver care to the largest number of people, including the often disadvantaged. The summit recommended the establishment of a Primary Health Care Board for proper service integration among all levels of healthcare. The bill is at an advanced stage.

The recommendation of the summit for a State Health Policy is a commendable strategy that will guarantee continuum for the various health strategies in the state once the prepared document receives the awaited legislative approval.

The State Government has since commenced implementation of its Health thrust by commencing the construction of 160 Primary Health Care Projects all across the state, which is currently at various stages of completion.

X The manpower needs of these PHCs when completed are already being attended to through the State Government's manpower recruitment drive. The state is sustaining efforts to expand the facilities of the Schools of Nursing and Midwifery in order to train and produce more Nurses and Midwives. The proposal presented to the Nursing and Midwifery Council of Nigeria in this regard has been approved.

Radiologists and Laboratory Scientists are continuously being trained in the state with the assistance of a foreign private organisation currently undertaking some health projects in Rivers State.

The training of House Officers and Interns is ongoing with the state acquiring more living quarters for these personnel. There will also be continuous training of Doctors in Family Medicine postgraduate studies at the Braithwaite Memorial Specialist Hospital (BMSH) in Portharcourt, which has been accredited to provide such services. The newly completed modular theatres at the BMSH has made for the improvement in the surgical skills of Surgeons in the state that make use of these facilities in collaboration with some foreign missions and other NGOs for more specialised surgeries.

The state also adopted a strategy of sustained maintenance culture of all infrastructure and equipment in the health sector through instituting maintenance contracts for different equipment in the hospitals. This will keep the facilities functioning properly and limit the deterioration of equipment.

To strengthen the referral system which is essential for an efficient and effective health care delivery, the state has expanded the Emergency Medical Services with the provision of a base station and call centre with emergency telephone services. Though currently the programme has eight (8) functional ambulances, the state plans to have an ambulance in each PHC that will be connected to the Emergency Medical Services. This, if properly managed should grant good coverage for emergencies in the state and assist in movement of referred cases between related health facilities.

The Rivers state Government has four (4) mobile clinics that are deployed to the hinterland and used in health coverage for major events in and outside the state. There are also plans to procure Boat Ambulances to cover the distant riverine areas with assistance from the MDGs office in the state.

An appreciation of the state of many secondary health facilities in the state before this administration, and their current state now gives much delight to the service and access of healthcare in a soothing environment. The Prof. Kelsey Harrison Hospital, Portharcourt is an almost unimaginable structure compared to what existed on the same site. However, it should be noted that the facilities

need to be run with sound systemic processes to adequately deliver acceptable healthcare to the people on a very long term. This should remain a vital and abiding consideration.

Clearly, the state has made good project inputs to the tiers of healthcare viz: Primary, Secondary and Tertiary. It is to be noted, that the Justice Karibi-Whyte Hospital will also deliver Quaternary health care services when completed and if very properly managed. Rivers state government has aggressively embarked on many health projects that will impact on the health on the beneficiaries in the state.

At inception routine immunisation was at a very low level, but has since risen to 70% currently. There is no reported case of polio in Rivers state.

The aggression for healthcare delivery in the state is also very evident in the efforts injected to the Roll Back Malaria programme in the state. The state has actually advanced beyond that towards Eradication of Malaria. This will in a major manner, grossly reduce the health burden in the state. Likewise, the HIV and AIDS control programme is receiving strong political leverage and funding which will lead to a reduced prevalence of HIV in the state.

During our visit, the State was soon to embark on a Free Antenatal Care and Delivery service in the state.

On the Spot

The team visited the Nbuduku PHC in Portharcourt. The environment was presentable and neat, and the facility and it offers essential services expected of a PHC, including school health services. The facility is visited by about 70 patients per week. In this facility, the Free Medical Services is offered to patients less than 6years and above 65 years of age.

Antenatal Care registration costs N500 per patient, drugs cost N150 per patient and delivery costs N2500 per patient. Malaria drugs are free for pregnant women.

However, we noticed there was no computer in the Records office. Data is still managed manually in the establishment.

When there is need to refer, the Nurses or relatives get a Taxi to convey the patient to the referral centre.

The team also visited the PHC in Elekahia. This facility is beautifully constructed with impressive landscape. It also has an ambulance parked in the hospital and a sizeable generator (we couldn't ascertain the capacity) to serve the centre.

This facility also offers full PHC services as well as basic HIV services such as Counselling and Testing, Prevention of Mother to Child Transmission.

Patients however had complaints of drugs being too expensive in the facility. Delivery in this centre is N4,000.00 .

The labour ward was not very impressive. There was no wash hand sink, no changing room for Nurses. The delivery bed was pathetic in both appearance and functionality. More disturbing was the fact that there was no Sterilizing Unit in the hospital. What was available was a big aluminium pot that was placed on a stove for the sterilization of instruments!

There was power outage in the PHC when we visited and we understand that to be the norm. Unfortunately, the very sizeable generator that was bought and installed in the PHC could not be used because there had been no funds made available to purchase diesel in the past 3 months. This assertion we confirmed from the supervising authorities.

Likewise, the ambulance parked in the PHC is not being used due to various inane reasons such as funding for fuelling, availability of an ambulance driver.

Therefore, referrals are still done using Taxi service, in this PHC.

X The foregoing strongly implies that there is a deficit in planning to make procured items and facilities truly functional to render full benefits to the populace.

The Laboratory was also not being used by the facility. We learnt from the Commissioner of Health that there is a change in focus towards the use of disposable strips for most of the laboratory investigations. This is to commence very shortly after our visit. What use the state will put the laboratory equipment already bought was not discussed at our meeting.

We also found it curious that a room in this PHC was labelled a Mammography room, although the room was empty of any equipment whatsoever. One truly wonders at the usefulness of a Mammogram in a PHC. It negates all currently known concepts of care delivery in PHCs. Such a facility should be in a Tertiary, or worst case, Secondary Health facility where personnel to operate, evaluate and manage data will be easily accessible. Although we realised that there were political considerations in planning to bring a mammogram machine to some centre in the state, we would still advise that a less structurally chaotic model be developed for locating a mammogram.

Best Practices

The quality of the construction of all the health facilities visited was commendable. This should engender more lasting and presentable health facilities. The environment of healthcare delivery is important for sound health services.

The maintenance agreement for medical equipment will limit the need to change equipment too often, and keep the current equipment very functional for a longer time.

? The public knowledge of Hospitals such as University of Portharcourt Teaching Hospital, Pamo Clinic, Ebony Clinic, Vita Medical Clinic etc, designated for mass

casualty situations should be benchmarked. Appropriate equipment and personnel should be made abundantly available in these centres.

The malaria eradication programme should be benchmarked to all states as this will majorly reduce the disease burden on the finance of the populace and the state.

The auto-disable syringe factory and the proposed ultra modern drug manufacturing plant at the Central Medical Stores are commendable modes of providing more employment in the health sector, and controlling the quality and availability of these important items in the healthcare delivery chain.

The motivation of the work force through the construction of houses for health workers (Health Village for Health workers) through a mortgage arrangement is laudable.