



Resources for Ear, Nose and Throat (ENT) Health Care Services at Primary and Secondary Hospital Level in Enugu South Local Government Area of Enugu State Eastern Nigeria

Authors

Chijioke C. Anekpo^{1*}, Anthony J Edeh², Nkiru NM Okoloagu³

¹Department of ORL, ²Department of Surgery, ³Department of Ophthalmology
College of medicine Enugu State University of Science and Technology Enugu, South East Nigeria

*Corresponding Author

Chijioke C. Anekpo

Department of ORL, College of Medicine, Enugu State University of Science and Technology
Enugu Nigeria

Abstract

Objective: To determine the availability and distribution of resources for primary and secondary ENT health care services in Enugu South Local Government Area (LGA) of Enugu State.

Method: A survey of private and public (state and local Government administered) health care facilities in Enugu South LGA was done. The health map of Enugu South Local Government Area was studied to identify available health care facilities. A visit to each facility was done. A pre tested, observer-administered questionnaire was used to interview the administrative heads of all the health care facilities in the LGA. The population of the Local Government Area was obtained from the Enugu office of the National Population Commission (NPC).¹

Result: The population of the area is 198,723 at the 2006 census. A total of forty five health facilities were found in Enugu South Local Government Area. Basic Primary Health Centres were 4(8.9%), private secondary health facilities were 40(91%) and only one private ENT centre (2.2%).

Resources for ENT health care services were available in only one private secondary level health facilities. However no resources were found in primary health care facilities and other (40) private secondary facilities.

Conclusion: Resources available for ENT healthcare services in Enugu South LGA are grossly inadequate and unevenly distributed. The possible reasons for this are due to scarcity of ENT surgeons/consultants audiologist, nurses (ENT) and resident doctors in Enugu South Local Government Area.

Introduction

Enugu South Local Government Area is one of the three constituent Local Government Area that make up Enugu the capital territory of Enugu State. Its headquarters are in the town of Uwani. It has an area of 671cm² and a population of 198,723 at the 2006 census. Made up of civil

servants, traders and few artisan workers. There is an appreciable student population because of the existence of many secondary and tertiary educational institutions in the area. It is located in the tropical rainforest climatic belt with two seasons in the year.

There is scarce resources for ENT health care in both primary and secondary hospital in Enugu South LGA of Enugu. The resources both human and material have a direct bearing on the quality of ENT care. Material resources for ENT care are grouped into fixed resources building and mobile resources drugs and equipment. Human resources include the following ENT surgeons/consultant, Registrars (Senior and juniors), ENT nurses, audiologist and speech therapist.

There is therefore a need to evaluate the availability and distributions of resources for ENT care delivery against the background of set standards by World Health Organization.^{2,11} Finding from such studies and recommendation derived from them would be of immense assistance to ENT care planners.

Method

This is a descriptive study of all the State and Local Government administered primary and secondary level health care centers in Enugu South LGA of Enugu State.

Data on the number, cadre, location and distributions of the health care facilities were extracted from the health map obtained from the Local Government's health department.

The population figures of Local Government Area and the health district were obtained from zonal office of the Nation Population Commission (NPC) in Enugu.

Data on the available material for ENT in each center was obtained by visiting each health facilities and directly administering a pretested questionnaire to the administrative heads.

The data generated was analysed using window SP version 14.

Results

The total population of the Local Government Area is 198,723. The Local Government has four primary health centers namely, Ugwuaji, Uwani, Ogui Nike and Asata. There are also forty one private secondary health facilities in the Local Government Area. Fig 1 is the map of Enugu

South LGA. All the four primary health centres in Enugu South LGA has no resources for ENT care services. Out of a total of forty one secondary private health care facilities only one centre offers optimal ENT care services. There is no tertiary health care facility in Enugu South LGA at the moment. The secondary level centre had one functioning ENT Clinic.

Medications instrument and manpower used in the management of ENT diseases were not available in all the primary health centres in Enugu South Local Government. The only functional ENT centre has the following human and material resources as indicated in Table (1)

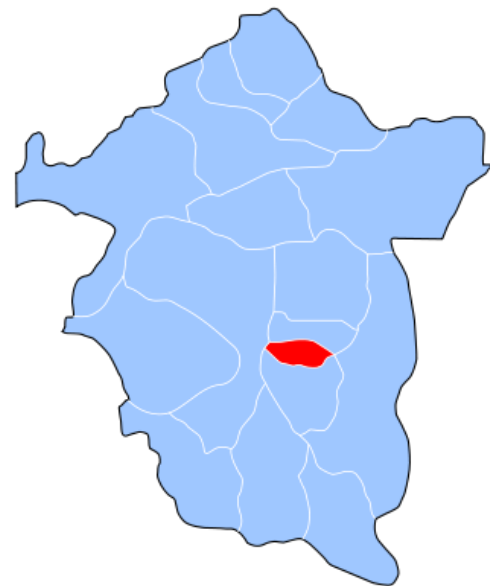


Figure 1 Map of Enugu South Local Government Area



Figure 2: Consulting Room

Fig 2(I). Instrument for Caldwell Luc procedure



Fig 2(ii) Adenotonsillectomy set



Fig 2(iii) Instrument for Nasal Surgery



Figure 2 (iv) Hot Oven Sterilizer



Figure 3 Functional Suction Machine



Table (1) Material resources for ENT Care at a Private Secondary Health Care Center

Material	No
Bed for Patient's admission	4
Theatre	1
Functional Suction Machine	2
Otoscope	3
Hot Oven Sterilizer	1
Head Light	2

Discussion

The findings of this study are not in keeping with the recommendation of the World Health Organization (WHO) primary health pyramidal model in which primary cadre are more numerous and occupy the base of the health pyramidal mode.¹¹ The study also showed that there were only four primary health centres in Enugu South LGA of Enugu State. None of the centres had resources (human and material) for ear, nose and throat care. It was only in one private secondary health care facility in Enugu South LGA that facilities existed for ENT care. The secondary health care was well equipped with theater and ENT instruments as shown in Table (1).

The most common problem warranting a visit to a doctor or a health care provider in developing countries are related to ear, nose and throat (ENT)³. ENT problems are the most common for which there are home remedies to medical treatments which are available and most individuals manage their problem in the community without seeking help^{4,7}. In addition, due to lack of specialist professionals in the field, these problems were treated by community practice. The prevalence of traditional practices increased the disease morbidity requiring surgical management. Moreover in primary health care and most secondary health facilities seen in Enugu South, there exist a scarcity of services and training in otorhinolaryngology, audiology and speech therapy^{5,6}.

Although secondary and the tertiary ENT care services are useful in creating awareness of the common ENT conditions with their recognized important role in decreasing the burden of the otorhinolaryngological disorders in the community.⁸

However the models of primary health care approach to ENT care can provide a new opportunity for tackling ENT diseases from primary care level. This new strategy has many benefits as seen from studies which are in far that common ENT disorders in out-patient department can be tackled at the level of primary health care

efficiently as well as effectively.⁹ Even WHO says that nearly 50% of deafness can be prevented if primary health care approach is adopted for otological care across the world.^{10,11}

Evaluation of the availability of mobile resources for ENT care delivery in Enugu South LGA of Enugu State revealed a striking deficiency in manpower like ENT specialist/consultants, audiologist/audiometrician technician, speech therapist, ENT nurses and resident doctors

Although the ENT disorders are not yet considered to be of public health importance, they contribute significantly to the existing burden of health problems in our environment. There is a need to increase awareness of the people in developing countries especially at the local government level through social campaigns and health education aimed at providing quality ear, nose and throat health care services.

Conclusion

Ear, Nose and throat care services at the primary health centres in Enugu South LGA are grossly inadequate in both human and material resources. The only private secondary care service centre is over burden and cannot adequately take care of the people. However, the tertiary health care (Teaching Hospitals) are located in big cities where both human and resources required for ENT care are not within the reach of the populace in local government area. Thus for adequate management of ENT disease at the local government areas, the following recommendations were made.

- (a) Community extensions workers will be trained and retrained to identify and manage simple ENT conditions and refer to nearby secondary ENT centres appropriately.
- (b) Community extension workers will be used to spread the message of safe ENT practices in health centres.
- (c) Programme of rehabilitation of hearing loss through provision of hearing aids at

the local government areas at an affordable cost.

- (d) Periodic visit by ENT specialist and its team to health centres in LGA for evaluation and surgical management is highly recommended.

References

1. Final Result of 1991 Population Census of Nigeria, Enugu State National Population Commission (NPC), Abuja 1991:2
2. Primary health care. Report of international conference on primary health care; Alma – Ata Russia: WHO Health for all series 1978:1-3.
3. Ayotunde, James Fasunla, Musa Sandi; Onyekwere George Nwaorgu. An audit of Ear, Nose and Throat disease in a tertiary health institution in South Western Nigeria Pan African Medical Journal 2013, 14:1.
4. Lingamdenne Paul Emerson, Anand Job, Vinod Abraham. A model for Provision of ENT health care services at Primary and Secondary Hospital level in a Developing Country, Biomed Research International Vol. 2013.
5. ISD Scotland, “Scotland. “Scottish Health Statistics,” Edinburgh Information and Statistics Division, National Health Service in Scotland, 1998.
6. A McCormick, D. Fleming and J. Charlton, “Morbidity Statistics from general practice,” in 4th National Statistics 1992-1993, office of National Statistics, HMSO, London, UK, 1995.
7. Srinivasan K, Prabhu GR. A study of the morbidity status of children in social welfare hostels in Tirupati town. Indian J Community Med. 2006, 31:170-2.
8. Sharma K, Bhaltachariya D, Barman H, Goswami SC,. Common ear, nose and throat problem in paediatric age group presenting to the emergency clinic. Prevalence and management: A hospital based study, Indian J clinic Pract. 2014; 24. 756-60.
9. Nepali R, Sigdel B. Prevalence of ENT disease in children Hospital based study internet J Otorhinolaryngology 2012; 14:15.
10. Wilson J. Deafness in developing countries. Approaches to a global programme of prevention. Arch. Otolaryngol. 1985; 111:2-9.
11. World Health Organization. Report of the international Workshop on Primary Ear and hearing care, 14 March 2018 p1-19.