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

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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. 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 Sough 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).
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. 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). 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. 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.

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. 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. Even WHO says that nearly 50% of deafness can be prevented if primary health care approach is adopted for otological care across the world.

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.

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