

The significance of the involvement of all levels of care towards achieving effective healthcare services in Nigeria – experience from students' vacation course

¹Isma'il S., ²Ahmad Y.

¹Department of Surgery, ²Department of Obstetrics and Gynaecology, Usmanu Danfodiyo University teaching Hospital Sokoto.

Corresponding author:

Dr. Ismail S., Department of Surgery, Usmanu Danfodiyo University teaching Hospital Sokoto.

Email:

salisuismail@yahoo.com

Abstracts

Introduction

Generally, healthcare services are grouped into three levels: the primary, secondary and tertiary; for convenience and effectiveness. In Nigeria, these tiers of care are coordinated at various levels of government services. Effective healthcare service is achievable if respective governments own up to their responsibilities to make these services functional. This will in turn reduce the burden on tertiary health institutions and thus, allow them function effective as training and research centres in addition to rendering care services. This study reports experiences of healthcare services provided at various levels of care as conducted during students' vacation course organized by the Muslim Students' Society of Nigeria held in December 2009 in Sokoto.

Methodology

Eight thousand people attended the vacation course; five clinics were established to provide primary care at the various camps during the period of the course. Basic equipment needed for patient consultation and examination were provided for each clinic. The clinics operated 24 hours. One medical doctor, two nurses and a pharmacy technician were available at every shift in each of the clinics. Two general hospitals served as secondary referral centres and one teaching hospital as tertiary referral centre.

Results

Total numbers of participants were eight thousand (8,000); 1,976 (24.7%) patients presented with various ailments and were all attended to and treated accordingly. Out of this number, only 36 (1.8%) patients were referred to secondary centres and 4(0.2%) were further referred to tertiary centre for further management.

Conclusion

This study showed that effective healthcare services with a proper referral system could be achieved if all levels of healthcare delivery work optimally. Government and policy makers should pay special attention to this in order to reduce morbidity and mortality due to unwholesome or partial care.

Keywords: Healthcare, Tiers of government, Referrals

Introduction

For any community to function better, its healthcare services have to be effective. The structure of healthcare is categorized into three levels; the primary, secondary and tertiary care.¹ Primary healthcare attend to minor illnesses and injuries and also provides preventive services.

Secondary healthcare centres essentially provide general and specialist services; they provide specialized medical service by a physician specialist or a hospital on referral by a primary care physician. Major diseases/illness that cannot be managed in primary health centre are

also treated and this level provides basic services for maternal and child health. Tertiary healthcare is the highest level of referral in the healthcare system. It provides highest specialist services, receive referrals from both secondary and primary centres, and also down refer some patients to secondary or primary centres for continued monitoring or rehabilitation.² Basically, they sub serve three functions, services, teaching and research. These centres include Federal Medical Centres and federal and state teaching hospitals. When the tertiary centre is overwhelmed with unnecessary referrals of cases that should ideally be managed in either primary or secondary centres, their functions as teaching and research institutions stand to be compromised. Effective healthcare services could be achieved in Nigeria if all the three levels of healthcare services function optimally with the special aim of meeting the objective of healthcare delivery system nationally and internationally.

This study reports our experiences of providing healthcare services provided at these various levels of care as conducted during students' vacation course organized by the Muslim Students' Society of Nigeria held in December 2009 in Sokoto.

Methodology

The Islamic vacation course (IVC) is an annual event organized by the Muslim students' society of Nigeria during vacation period. This is with the intention of educating students of primary, secondary and tertiary institutions in every aspect of life. The 2009 IVC was held in Sokoto

State and recorded 8, 000 participants who were accommodated in five camps. Five primary health clinics were established at each camp. These clinics were equipped with basic facilities needed for consultation and patient treatment, specifically one sphygmomanometer, stethoscope, thermometer, weighing scale, examination couch, screen, and basic suturing set. State specialist hospital and one private hospital were used as secondary referral centres. One teaching hospital was used as tertiary referral centre.

The clinics at the camps were covered 24hours using three shifts with one Medical Doctor, two nurses, one laboratory technician, and one Pharmacy technician per shift. The two secondary referral centres were covered in their usual way (i.e. by their usual staff). Drugs and other laboratory consumable were provided at each clinic. Ambulance was provided in case of urgent transportation of patient to a referral centre. Other services rendered during the program include health education to both the participants and their instructors on common diseases such as malaria, typhoid fever, tuberculosis, sexually transmissible diseases including HIV/AIDS and substance abuse. Food and environmental inspection was done routinely to maintain hygiene. Participants were motivated to participate in the day to day running of the services to encourage community participation.

Results

Total numbers of participants were eight thousand (8,000); 1,976 (24.70%) patients were

seen and treated for various ailments. Out of this number only 37 (1.87%) patients were referred to secondary centres for further treatment. Among the referrals to secondary centre, 3(0.15%) of them were further referred to tertiary centre. Only 1(0.05%) patient was referred directly to a tertiary centre. Below is the summary of result in tabular form.

Table 1: Pattern of diseases seen at the clinics

S/No	Diseases (n=1976)	Frequency	Percentage (%)
1	Upper respiratory tract diseases	488	24.7
2	Simple malaria	364	18.4
3	Non-specific body pains	364	18.4
4	Lower abdominal pains	198	10
5	Peptic ulcer diseases	172	8.7
6	Ear and nose diseases	100	5.1
7	Diarrhoeal diseases	99	5
8	Myelgia	70	3.5
9	Injuries	45	2.3
10	Severe Asthmatic attack	21	1.1
11	Hypertension	14	0.7
12	Dysmenorrhoea	13	0.7
13	Severe malaria	10	0.5
14	Gastroenteritis + food poisoning	4	0.2
15	Typhoid fever	3	0.2
16	Urinary tract infection	2	0.1
17	Allergic reaction	2	0.1
18	Foreign body in the eye	2	0.1
19	Bronchopneumonia	1	0.1
20	Prolapsed haemorrhoid	1	0.1
21	Vaso-occlusive crisis in a sickler	1	0.1
22	Diabetes	1	0.1
23	Pre-eclamptic toxemia with antepartum haemorrhage	1	0.1

Table 2: Number of referred cases to secondary and tertiary centres

S/No	Diseases (n=37)	Number	Percentage (%)
1	Severe malaria	10	2.7
2	Peptic ulcer disease	3	1.7
3	Diarrhoeal diseases	1	1.0
4	Acute severe asthma	10	47.6
5	Gastro-enteritis + food poisoning	4	100
6	Typhoid enteritis	3	100
7	Urinary tract infection	2	100
8	Bronchopneumonia	1	100
9	Infracted foreign body in the eye	1	100
10	Allergic reaction	1	100
11	Pre-eclamptic toxemia (P.E.T) with antepartum haemorrhage (APH)	1	100

Discussion

One of the objectives of primary healthcare is to provide healthcare that is as close to the people as possible wherever they live and work at affordable cost¹⁻⁶; this study has demonstrated that. Primary healthcare centres provide basic or

fundamental care which includes food and nutritional services, provision of safe water and maintenance of sanitation, provision of immunization services, health education, maternal and child health including family planning, prevention and control of local endemic diseases, appropriate medical care and injuries, as well as provision of essential drugs.²⁻

⁵ Most of these services are provided at the camp clinic in this study.

The rational referral is the one done at the right time, right patient and to the right centre; this study has also demonstrated that. Effective healthcare can only be achieved when all the three levels of care operate optimally. This study has also demonstrated that all patients referred to the secondary and tertiary health centres required specialist attention, in line with the type of services expected in those centres. The study was limited by the available volunteer health workers participated during the program. Drugs procurement was also limited by the available funds provided during the period of the program.

Conclusion

This study showed that effective healthcare services with a proper referral system could be achieved if all the three levels of healthcare delivery work optimally. We recommend that Government and policy makers should pay special attention to this collaborative and teamwork spirit in order to reduce the disease morbidity and mortality.

References:

1. The Aboriginal Health & Medical Research Council of New South Wales (AH&MRC). AH&MRC Monograph Series. 1999; 1(1); ISSN 1442-1860.
2. Chol PT. Human resources for primary healthcare in the South-East Asia Region: categories and job descriptions. Regional Health Forum. 2006; 10(1).
3. Comprehensive Community- and Home based Health Care Model. WHO SEARO Regional Publication No. 40.
4. Evaluation Study on Functioning of Primary Health Centres (PHCs) Assisted under Social Safety Net Programme (SSNP). Programme Evaluation Organisation Planning Commission Government of India New Delhi. 2001; August.
5. Bartlett B. Core function of PHC: Acknowledgements to AMSANT and NSW Aboriginal Health & Medical Research Council.
6. Brahmauthran CK. A pilot study of review of primary healthcare at Muthalamada Panchayath (Revenue Area) of Palakkad District. Report submitted to Kerala Research Programme on Local Level Development Centre for Development Studies, Thiruvananthapuram. 2003; December.

Conflicts of interest: Nil

Acknowledgment: We acknowledge the effort of all volunteer health workers participated during the program and support and cooperation by all members of Muslim Students' Society of Nigeria.