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AN APPRAISAL OF THE IMPACT OF HEALTH CARE DELIVERY SYSTEM IN THE RURAL COMMUNITIES OF UGHELLI SOUTH LOCAL GOVERNMENT AREA OF DELTA STATE, NIGERIA

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Abstract
The study Examines the impact of health care delivery system on the people of Resources *Ughelli South Local Government Area of Delta State with the aim of appraising the health care facilities and their accessibility by the people of the area. The data for this study were collected through the use of the questionnaire of which a total of one thousand respondents involving medical doctors, nurses, health* Metropolitan *assistants, community leaders and patients were use. The researcher discovered that not all the communities have health care centres. Also, the ratio of medical personnel to the total population is too wide, poor state of the facilities, non-availability and high cost of drugs among others as impediments to the actualization of a functional health care delivery system in the area. The paper recommends proper funding of the health care system, provision of basic infrastructure, building of more health centres, employment of medical personnel and provision of mobile clinics to serve the needs of the rural and riverine communities as ways of improving the health of the people in the 21 century.*

Introduction

There have been no comprehensive records in Nigeria of health services before 1946 (Qyibo, 1997). However, healthcare delivery in Nigeria started with the traditional healers. They played major roles in various communities and they are still contributing to the maintenance of the health of Nigerians (Qyibo, 1997). Healthcare delivery in Nigeria has evolved through a series of historical developments right from the early explores of 1771 to the period when Lord Laggard became the High Commissioner of Northern Nigeria. Skeletal health care delivery services were provided especially for government officials. Also the trans-Atlantic slave trade of the l6 century between Western Europe and America opened the way for physicians from Portugal, Netherlands, Spain, France and Britain to be employed to care for the health of the slave owners and the slaves (Fawale, 1999).

Between 1914—1918 and 1939—1945, the period of the first and second world wars, the West African sub-region started to enjoy the services of healthcare delivery through the establishment of the West African Medical Services which catered for members of the armed forces. This further led to the establishment of a small military hospital in Lagos. Also in Nigeria during the colonial administration, healthcare services were scanty and restricted to the colonial masters, the army and the police. However, in 1873, the colonial administration opened the Lagos general hospital. This was mainly used for treatment of small pox patients (Dyibo, 1997).

The advent of missionary activities also heralded the development of healthcare services in Nigeria. The missionaries brought in some elements of re along with the Christian religion. This led to the establishment in 1895 of the Sacred Heart Hospital, Abeokuta and a leper settlement also in Abeokuta in 1897. The missionaries performed medical and surgical works in the hospital. Healthcare services and establishment of hospitals by the missionaries also led to the building in 1898 of Saint Margaret hospital, Calabar and another at Lyi-Enu near Onitsha in 1906. in the years that followed, missionary hospitals started spreading all over the country. At Ogbomosho in 1930, the Baptist Leprosy Center was established and a medical hospital in 1 938. All these health services were geared towards promoting, preventing, curing and rehabilitating the people in order attain and maintain a stat of equilibrium of "total health" in the infidel.
Thus, successive governments in Nigeria from the pre-colonial, colonial and post-colonial periods have continually placed high premium on the improvement and promotion of healthcare delivery system in our communities. At the local government level, the constitution of the Federal Republic of Nigeria empowered the local government to make bye-laws pertaining to the establishment of hospitals (except specialist and teaching hospitals), health centres, maternity centres, embulance services, leprosy clinics and health clinics to attend to the health need s of the people.
Ugbelli South Local Government is one of the local government areas in Delta State, Nigeria. It has an estimated population 188,000 people. By virtue of this fact, Ughelii South Local Government exhibits most of the development attributes of most Nigerian local governments areas. Also, the local government area is a rapidly growing one with the influx of people from its rural areas to the headquarter at Otu-Jeremi As such, it serves as on the people. Generally, in Ughelli South Local government Area, the problem of inadequate healthcare facilities, poor sanitary condition, communicable diseases, poor waste disposal systems can be described **as** endemic. To a large extent, health facilities are in short supply. This in turn will lead to increased strain on the available health care facilities and a rise in the level of disease outbreaks as well as environmental degradation. This is based on the inadequate level of primary health care, poor hygiene habits low level of education and the general poor income status of the people. Also, poor construction, poor maintenance and poor aesthetic quality of the available health facilities are detrimental factors that call for urgent attention if we are to attain health for all by the year 2020.

The Concept of Healthcare Delivery

The Word Health Organization (1978) defines health as a state of complete physical, mental and social well being of the individual, not merely the absence of a disease or infirmity. Thus, health is a difficult state to attain and maintain. It integrates all the elements necessary to make an impact on the health status of the people. Health care delivery system takes into account the fundamental human needs necessary to improve the living conditions of a people. Effective health care delivery system aims at bringing about an acceptable level of programmes that will provide health care to the people. It should encourage participation, involvement and co-ordination in the planning, implementation monitoring and evaluation of the services by the local population, national and sometimes international agencies, that can further the achievement of national health services goals (Oyibo, 1997).

In line with the above, the launching of the Nigeria National Policy on Health (1987) attempts to bring health care to the door steps of the people. It emphasizes the establishment of a comprehensive health care system that is promotive, preventive, protective, restorative and rehabilitative to every citizen of the country so that individuals can enjoy a productive and social well bring.

At the local government and by virtue of the 1976 local government reorganisation and as enshrined in the Local Government Law (1980 section 65 (1) a, c, f, g, j, m) it is specified that local government shall participate in and have power to make bye-laws with respect to hospital, health clinics and health services. It is within the jurisdiction of local government through the local government health committees to formulate health project proposals, mobilize resources for health programmes, design and involve the communities in health programmes, and deliver a comprehensive health service to the people. It is therefore the responsibility of the local government to perform promotional, preventive and curative care in the community for the benefit and well being of the people.

The Scope of Healthcare Delivery system in Nigeria

The Nigeria healthcare delivery system can be categorized into two areas - the primary Healthcare care (PHC) and the basic health services scheme (BJSS). The Primary Health care is an essential health care that integrates at the community level all the elements necessary to make an impact on health status of the people (Alakija, 2002). It states from the periphery to the centre and employs appropriate technology in all aspects of health delivery. It also takes into account the available resources and depends essentially on the individual and the community for sustainability.

While the Basic Health Services Scheme (BHSS), run by the government as part of the country's health administrative system that provides certain indispensable medical care and preventive services to individuals (Oyibo, 1997). The services are professional in nature and usually start at the centre and extend to the periphery.

Thus, the Scope of the Nigeria health care delivery system is hampered by the inability to keep pace with modern technologies as it is saddled with widespread dissatisfaction on the part of the people. To obtain optimum confidence on the health system, there should be an improvement in the health services provided for the people. The scope of the health services should be viewed wholistically, involving both the public and private sectors in the areas of preventive, curative, promotive and rehabilitative health care delivery system.

Levels of Health Care Delivery in Nigeria

In Nigeria, health care services are provided by the government, private individuals and non-governmental organization. The levels of health care delivery in Nigeria can broadly be divided into four aspects:

Tertiary Care Level

The tertiary level is the highest level of health care in Nigeria. Here, the responsibility of health care delivery rests with the Federal Ministry of Health, headed by the Minister of Health. At the tertiary level, such institutions as teaching hospitals, specialist hospitals and comprehensive health centres such as Federal Medical Centres abound. These institutions are managed by the Federal Government with some changing policies in recent time. These institutions provide supportive referral system to the secondary or intermediate care level.

Secondary Care Level

The secondary health care level comprises institutions of health under the management of the various State governments. These institutions include state hospitals such as the General Hospitals, Central Hospitals and others of different categories. They also provide supportive referral system to the primary health care level.

Primary Care Level

The primary health care level falls under the auspices and control of the local governments. The primary health care level has institution such as maternity centres, comprehensive health centres, health centres, immunization centres, school health units (sick bays), and mobile clinics. These institutions are in direct contact with members of the community and their health needs. They are concerned with preventive, curative and rehabilitative services for the people.

Non-Government Organization Level

International agencies such as the World Health Organization (WHO), United National International Children Emergency Fund (UNICEF) and the fr Food and Agricultural Organization (FAQ), mission health organization, privately owned hospitals and tradomedical clinics fall into this level. Thus health care delivery at this level is provided by private individuals, religious organisaitons, tradomedical practitioners, international organizations and groups. They help in providing technical and financial support, especially the international organizations such as WHO, UNICEF and FAQ, to the government at the federal, state and local levels in the area of preventive, promotive and curative medicine.

Thus, in Ughelli South Local Government Area, health care delivery system falls into the secondary care level. This implies that most of the health institutions found in the area were built and the services provided by the state government such as the general hospital at Out-jeremi, local government such as the various health care centres at Out-jeremi, Ekrokpe, Edjophe, Oginibo, among others, and joint venture partnership health care centres at Out-Jeremi, Ekakpamre, Okpare and Effurun-Otor the delivery of health services to the people.

Prevailing Trends

The problems associated with the lack of adequate and functional health care services in Nigeria threatened to place the health of many people at risk. The people mostly affected are the rural dwellers, especially those in the remote villages cut off the rugged topograph such as those in the riverine communities of the Niger Delta. In the long run, chronic health problems and endemic

situations arising from the non-availability of these health centres are created in the communities. Many people are already affected by the inadequate health facilities and poor sanitary conditions of these areas.

Thus, improper waste disposal, low income, child malnutrition, dissatisfaction among the people coupled with the failure of the available health facilities to meet the expectationsal communities continue to suffer as a result of deprivation of these essential facilities.

The Concern for increase and accessibility of health facilities in rural communities, especially in Ughelli South Local Government Area of Delta State is justified since a large proportion of the people live in the rural areas and seek medical assistance from the health centres in the urban areas. There is the need to evaluate and assess the impact of the health care delivery on the people of the area with a view to safeguarding their health in the 21st century.

Aims and Object

The aim of this research is to assess the impact of health care delivery system on the people of Ughelli South Local Government Area of Delta State. Deriving from the above, the study sets out to:

1. Classify the type of health institutions found in the area.
2. Assess the management and location of these institutions
3. Determine the status and ratio of workers to patients in the various health centres
4. Assess the impact of these facilities on the people, and
5. Make recommendations on how to improve on the health facilities in the area.

Methodology

This research work is an ex-post-facto research, with a comparative study of the impact of health care delivery system on the people of Ughelli South Local Government Area of Delta State. It draws a cause and effect relationship between availability of health institutions and their effect on the people of the area.

Sources of Data Collection/Data Analysis

A preliminary survey of th**e** study area was carried out to identify the health institutions found in the local government area based on the existing six clans in the area. These clans are: Ughievwen, Olomu, Effurun-Otor, Ewu, Okparabe and Arhavwrien. A total of eighteen health institutions were used for the study. These are the health institutions found in the local 9overnment are. This number is specifically distributed to reflect the communities in the local government area. The population for the study includes medical doctors, nurses and health attendants. The number of patients that visit these health institutions varies on a daily basis. However, the questionnaire was used to elicit information from the different categories of

workers in the health centres. The questionnaire was adopted after a critical examination of the aim and objectives of the study. The data collected were analysed using and simple percentages.

Discussions and Findings

To determine the impact of health care delivery system on the people of Ughelli South Local Government Area, the number of health institutions, the number of communities they serve, the number of health workers in each centre and the number of patients that visit these health institutions on a daily basis were used as parameters.

Number of Health Institutions

The number of health institutions in area is one parameter that determines the availability and accessibility of these facilities by the people. In the study area, a total of eighteen health institutions, distributed according to clans are located in the area (see table 1)

Table 1: Health Institutions in Ughelli South Local Government Area

S/N	Clan	Type of Health Institution	Management	Location
1	Ughievwen	General Hospital	State Government (State Health Management Board	Otu-Jeremi
2	Ughievwen	Health Centre	Local Government & Shell Petroleum Deve. Gompany (SPDC)	Otu-Jeremi
3	Ughievwen	Health Centre	Local Govt.	Otu-Jeremi
4	Ughievwen	Health Centre	Local Govt. & SPDC	Ekakpamre
5	Ughievwen	Health Centre	Local Govt	Ekrokpe
6	Ughievwen	Heah Centre	Local Govt.	Ughevwughe
7	Ughievwen	Health Centre	Local Govt.	Edjophe
8	Ughievwen	Health Centre	Local Govt.	Usifrun______
9	Ughievwen	Health Centre	Local Govt.	Oginibo
10	Olomu	Health Centre	Local Govt. & Shell (SPDC)	Okpare
11	Olomu	Health Centre	Local Govt.	Oviri-Olomu

A total of eighteen health institutions were used for the study. These are the health institutions found in the local government area. This number is spatially distributed to reflect the communities in the local government area. The population of study includes medical doctors, nurses and health attendants. The number of patients that visit these health institutions varies on a daily basis. However, the questionnaire was used to elicit information from the different categories of workers in the health centres. The data collected were analysed using tables and simple percentages.

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3	Ughievwen	Health Centre	Local Govt.	Otu-Jeremi
4	Ughievwen	Health Centre	Local Govt. & SPDC	Ekakpamre
5	Ughievwen	Health Centre	Local Govt	Ekrokpe
6	Ughievwen	Heah Centre	Local Govt.	Ughevwughe
7	Ughievwen	Health Centre	Local Govt.	Edjophe
8	Ughievwen	Health Centre	Local Govt.	Usifrun______
9	Ughievwen	Health Centre	Local Govt.	Oginibo
10	Olomu	Health Centre	Local Govt. & Shell (SPDC)	Okpare
11	Olomu	Health Centre	Local Govt.	Oviri-Olomu
12	Olumu	Health Centre	Local Govt.	Otorere-Olomu
13	Effurun-Otor	Health Centre	Local Govt. & Shell (SPDC)	Efurun-Otor
14	Ewu	Health Centre	Local Govt.	Ewu
15	Ewu	Health Centre	Local Govt.	Frukama
16	Ewu	Health Centre	Local Govt.	Gharegolor
17	Okparabe	Health Centre	Local Govt.	Okparabe
18	Arhavwarien	Health Centre	Local Govt.	Arhavwarian

Source: Ughelli South Local Government Council (2008).

From the above table 1, one General Hospital built by the State government and two health centres are located in the local government headquarter of Otu-Jeremi. One of the health centres was built by Shell (SPDC)/NNPC in partnership with the local government while the other was built solely by the local government. This is the settlement where you have the largest concentration of health facilities because it is the seat of government of the local government. The local government equally has the highest concentration of people in the area. The general

hospital has qualified medical doctors, qualified nurses, health attendants and other auxiliary workers that attend to the needs of the people.

Other settlements such as Ekakpamre, Ughevwughe, Ekrokpe, Edjophe, Usiefrunand Oginibo in Ughievwen clan are served by health centres which are managed by the local government except the one at Ekapkamre which is managed by the local government and the Shell Petroleum Development Company, and Nigeria National Petroleum Corporation joint venture in the area. In all, the General hospital and the health centres in Ughievwen clan tend to serve thirty-two (32) other communities located within the clan.

In Olomu clan., three health centres are located in the area. One at OviriQlomu, Otorere Olomu and Okpare to serve the fourteen communities located in that area. Again these health centres were built and managed by the local government council. These centres have qualified nurses and other health attendants that attend to the health needs of the people of those communities.

At Efurn-otor in Efurun-Otor clan, only health centre is located there to serve the community. It is a small community and sparsely populated, hence the one health centre in that place. Qualified nurses and other health attendants work in the health centre.

In Ewu clan, three health centres are located there. One at Ewu, Frukama and Gbaregolor, while in Okparabe clan, one health centre is located at Okprabe and one health centre at Arhavwarien in Arhavwarien clan. These clans are small in size and served by few communities. For example, the three health centres in Ewu clan serve fourteen other communities while the one at Okparabe serves three communities and Arhavwarien health centre serves only that community. These health centres are owned and managed by the local government and have qualified nurses and other attendant workers at the services of the people.

Quality and ratio of medical workers to total population in the area

The quality of health care available to the people in rural communities of Ughelli South Local Government area depends on the type of staff employed, the faculities and the activities performed in the various health centres.

Table 2: Ratio of Medical Workers to Total Population

Name of Institution	Location	Number of				Population of Settlement	Ratio of Health Workers to Population
		Doctors	Nurses	Health Attendants	Comm. Health Ext. Workers		
General Hospital	Otu-Jeremi	2	2	2	2	3520	1:440
Health Cen.	Ekakpamre	-	2	2	2	3000	1:500
Health Cen	Ekrokpe	-	2	2	2	2500	1:417
Health Cen	Ughevwughe	-	2	2	2	2100	1:350
Health Cen	Usiefrun	-	2	2	2	3000	1:500
Health Cen	Edjophe	-	2	2	2	2500	1:417
Health Cen	Oginibo	-	2	2	2	2000	1:334
Health Cen	Okpare	-	2	2	2	3000	1:500
Health Cen	Oviri-Olomu	-	2	2	2	2500	1:417
Health Cen	Otorere Olomu	-	2	2	2	2100	1:350
Health Cen	Effurum-Otor	-	2	2	2	2000	1:334
Health Cen	Ewu	1	2	2	2	3010	1:430
Health Cen	Frukama	-	2	2	2	2000	1:334
Health Cen	Gbaregolor	-	2	2	2	2000	1:334
Health Cen	Okparabe	-	2	2	2	2100	1:350
Health Cen	Arhavwarien	-	2	2	2	2000	1:334

From the above table 2, it can be seen that there are only three medical doctors in the local government area, who are qualified to attend to the health care needs of the people. Two of these medical doctors are stationed at the local Government headquarter, while the other is at Ewu to attend to the needs of the people in that area. Each of the health centres is served by two (20 nurses, two (2) health assistants and two (20 community health extension workers, On average, there is one health worker. to five hundred people at Ekakpamre, Usiefrun, Okpare and more than three hundred person to one health officer in other communities. The number of health workers and health institutions to the total population is grossly inadequate to cater for the health needs of the people.

The implication of this is that the coverage by health care personnel is inadequate, hence many people do not have access to basic health care. Thus, there is ineffectiveness and inefficiency in health care delivery. Also, there is the absence of the communities in the planning and implementation process of these health care facilities, hence the state of health of the population is poor.

Impact of Health Care Delivery on the People

This impact of health care delivery on the people of Ughelli South Local Government Area depends on the services rendered by the institution and how the people avail themselves of the opportunity to consult the various health centres situated in the study area. In assessing this, 1000 questionnaires were distributed to 1000 respondents of the area to elicit information on how the various health centres have influenced their living.

Type of Service	Number of Respondents who avail themselves of the Service	&	Number of Respondents who do not avail themselves of the service	%
Child Immunization	650	65	350	35
Environmental Sanitation	400	40	600	60
Maternal health	350	35	650	65
Family Planning	200	20	800	80
General Medicine	600	60	400	40
Health Education	300	30	700	70
$\overline{X}$	417	42	583	58

Source: Field Work, 2011

From the above table 3, it is evident that six main services are rendered by the health institutions in the area.

Immunization:

Immunization in the area is targeted on child killer diseases such as tuberculosis, diphtheria, tetanus, polio,, measles, diarrhea and whooping cough. In the study area, there are regular

sessions of immunization services in the health centres. Table 3 shows that 65 percent of the respondents agreed that they have enjoyed one form of immunization or the other, while 35 percent of the respondents disagreed with the immunization process.

The implication of this is that a large number of the respondents were visited directly in their homes, especially on national immunization days. Also, the awareness created by the Nigeria populace through the health workers makes parents to deliver their babies to the health workers for immunization without fear. In the study area, the immunization progreamme is mostly carried out in the suburban towns of Otu-Jeremi, Ekakpamre, Okpare, Okwagbe and Ewu where the level of enlightenment is higher than in the interior villages.

Environmental Sanitation:

Environmental sanitation generally deals with the provision of safe and proper disposal of waste, prevention of atmospheric pollution, provision of good housing and a clearer environment for the safety of man. In the study areas, health workers carry out routine inspection of residential quarters to assess their level of cleanliness and proffer solutions on how to make the environment better for man. From table 3, about 400 respondents, representing 40 percent of the total respondents agreed that they have witnessed one form of inspection by health workers or the other; while 600 respondents representing 60 percent disagreed.

The implication of this is that most of the visit by the health workers were carried out in sub-urban towns of Otu-Jeremi, Ekakpamre, Okpare and Eyara and Imode which are villages closer to the local government headquarter. The people also have initiated ways of keeping their environment clean through communal efforts especially on Environmental Sanitation day.

Maternal Health Service:

The health institutions in the study area provide family and ante- natal including post-natal and child spacing services to the people. About 350 respondents representing 35 percent of the sampled population agreed that the health institutions provide such services while 650 respondents representing 65 percent of the sampled population disagreed. This is based on the low level of enlightenment in this regard. Secondly, most of these services are concentrated in the towns rather than in the villages which form the bulk of the people in the study area.

This implies that most of the riverine communities in the study area have no access to functional health care delivery system, hence getting counseling from health workers concerning their health is difficult and thus has negative implications for their well being.

Family Planning:

The concept of family planning is still being misconstrued by the people. Hence most children in the study are denied of adequate care, good food, good education, clothing, housing among others. From table 3, the number of respondents who avail themselves of this opportunity is few (20 percent), while 80 percent are not even aware or seen any reason while family planning

should be carried out. This is based on the rurality of the study area and low enlightenment campaign on the issue of family planning.

General Medicine:

This involves the provision of general health care to the people. This includes general consultation, provision, prescription, preventive and curative medicine. From table 3, 600 respondents avail themselves the opportunity to visit these health care centres in their locality; while 400 respondents representing 40 percent of the sampled population wither visit the traditional practitioners of resort to self-medication.

The implication of this is that the people are aware of the need to visit the health centres whenever they fall sick especially those that reside in the sub-urban towns of Otu-Jeremi Ekakpamre, Okpare, Ewu and Okwage for the treatment of minor illnesses while chronic ones are referred to other towns with better hospitals.

Health Education:

Expectant mothers are usually given one form of education during their clinic session or the other. Such lectures border on personal hygiene, proper nutrition, exercise and rest. 300 respondents out of the 1000 sampled population agreed to have received this form of education while 700 respondents did not. This is based on the fact that most of the respondents who claimed to have received some form of health education reside in the sub-urban towns of the study area while the others in the rural areas.

Findings
Based on the aim and objectives of the study, the following emerged:

1. The number of health institutions in the area are too few to go round the people. For example, so many communities are without health centres.

2. The number of health workers in the various health centres are too few. For example, apart from the General Hospital, the Health centre at OutJeremi (the local government headquarter) which can boast of qualified doctors, the other health centres located in the villages have no doctors at all. Some have one or two qualified nurses running them and some few health attendants (see table 2).

3. The distance traveled by patients to visit these health centres is too long, hence most people find it difficult to consult them especially in the riverine communities of the study area.

4. Most of the health centres lack basic amenities such as potable water, drugs and electricity.

5. Most people in the area still do not visit the health centres for medical advice as some of them have lost confidence in the health care delivery system. This is based on the fact that most of the health. centres lack medical personnel and the few medical staff posted there are not readily available to attend to the needs of the people.

6. The research also discovered that most of the health centres are poorly funded, hence the infrastructure housing the centre is poor and basic amenities are not provided for the workers.

7. The study also revealed that few people consult the health centres when they need medical attention. They rather visit the traditional practitioners than visit the health centres. This can be attributed to the low level of enlightenment campaign in the area.

Recommendations

The following are recommendations presented as measures aimed at mitigating the negative impact of the health care delivery system in Ughelli South Local Government Area of Delta State in order to safeguard the health and well being of the people:

1. Proper and widespread enlightenment campaigns should be carried out on the part of the local government to sensitize the people on the need to visit the health centres whenever they are sick, rather than resort to self medication and quarks. Also, such enlightenment campaigns should cover the nooks and crannies of the local government, especially the villages and reverine communities rather than concentrating all the attention in the sub-urban communities

2. More health centres should be provided for the people. For example, each community/village should be provided with a health centre. This will solve the problem of traveling long distances to visit one whenever the need arises, Thus, adequate measures should be taken by the government to bring health care delivery to the people especially those in the creeks and riverine communities.

3. Health workers from time to time should organise seminars, workshop and interactive sessions from community to community to create awareness among the people.

4. There should be community participation in the health care delivery system. Thus, the community should be involved in the building of health centres including the funding of such. Community health workers should identify and work with community leaders to improve the health of the people and the community general.

5. 5 The hospitals and health centres located in the community should be properly funded by the government. Thus, the government should provide the health centres with basic amenities such as potable water, houses, and electricity.

6. The government should employ more medical personnel in the hospitals and health centres. This will degrease the high ratio of patient to doctors in the areas and also decrease the waiting time by patients wishing to see a doctor.

7. In the absence of health centres in the villages, the government should evolve the use of mobile clinics in the riverine and rural communities. This will bring health care delivery close to the people.

Conclusion

Health is a wholistic venture, hence everyone must be involved in the business of health care

delivery. The government including the churches, mosques, schools, political groups, pressure groups. Voluntary organizations, non-governmental organizations and international Grganizations must as a matter of urgency invest in health care delivery not only to safeguard the individual but to provide the individual with healthy body for the survival of the other sectors of the economy.

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