

**Strengthening of the PHC System for  
State Plan for SOML Programme  
PHC Under One Roof ( PHCUOR) policy initiative**

Presentation to  
Mr. A.B. Okauru, Esq,  
Director General,  
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**Tulsi Chanrai Foundation [NGO]**

Tulsi Chanrai Foundation is an international NGO engaged in the provision of Primary Health Care, Safe Drinking Water and Eye Care in Nigeria under an agreement with National Planning Commission of Federal Government of Nigeria since 1992 .

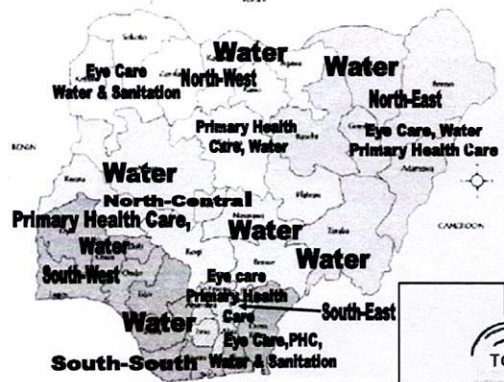


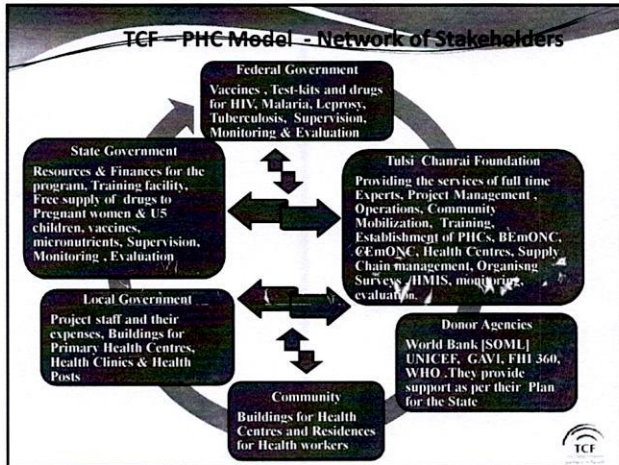
**Selection of States for Programme**

TCF has selected Nigeria for implementing PHC , Eye and Water supply programme because of their business presence in Nigeria and bad health indicators, huge backlog of cataract cases and non-availability of the potable drinking water.

States are selected based on the Health Indicators and disease prevalence as per the reports of National Demographic Health Survey

**Nigeria - TCF Projects in 6 Geo-Political Zones**





### Obligations of Tulsi Chanrai Foundation

- TCF shall work with the State Ministry of Health as technical partners towards the successful implementation of the Primary Health Care Programme in the State .
- TCF on its cost will provide the services of full time Experts who take care of Project Management and Operations.

### Obligations of partners

Tulsi Chanrai Foundation	Government
Provides a well qualified programme managers, consultants and directors	Provides living accommodation with security fencing, back-up power, water hard furnishing to programme managers .
To pay the salaries of the programme managers, consultant and the Directors	Provides adequate office accommodation for programme managers
To design an action plan for the programme and outline implementation strategy that will ensure the success of the programme.	Provides project vehicles.
TCF works with existing health care delivery structures to strengthen service delivery	Provides an imprest to TCF for travel expenses, fuel and maintenance of the vehicles
TCF shall furnish a monthly report to the Government outlining the progress of work.	Finance the Primary Health Care Programme in all LGAs including the cost for doctors, staff, training, vehicles, equipments, drugs and consumables, IEC materials etc as per the Blueprint.

### Sustainability

1. The programme is overseen and sustained by the State PHC Development Agency and LGA PHC System.
2. Strong community ownership sustains the health facilities at grass root level
3. The free health services for pregnant women and U5 children is sustained because of the political will.
4. Reporting of data is sustained by Integrated Health Data Management system .
5. Drug supply chain management is sustained by State PHC Agency
6. Sustained Supervision & Appraisals by SPHCDA

**Short term Strategies to achieve the goals of  
State Plan for SOML Programme  
PHC Under One Roof ( PHCUOR) policy initiative.**

- 1) Advocacy and Community mobilization
- 2) Baseline survey ,end line surveys, Annual appraisal
- 3) Creating functional Ward PHC Centres
- 4) Strengthen the PHCs to manage obstetric and childhood emergencies.
- 5) Creating Health Centres within 20 – 30 minutes' trekking time in the buildings donated by the community.
- 6) Building the indigenous capacity by employing educated girls as Health Attendants after short term training .
- 7) Training of the TBAs and utilizing them as community-link-persons.



- 8) Appointment of Medical Officer for each LGA
- 9) Training the Doctors, Midwives and CHOs in obstetric and childhood emergencies.
- 10) Supply of health care records and registers.
- 11) Well structured referral system
- 12) Free ambulance services for mothers and children
- 13) Drug supply chain management
- 14) Free health services to Pregnant women and U-5 children
- 15) PMTCT / ART services at PHC Centre / Health Centres
- 16) Reviews, continuing education, monitoring
- 17) Health Education, Publicity

**Long term Strategies to achieve the goals of  
State Plan for SOML Programme  
PHC Under One Roof ( PHCUOR) policy initiative.**

- 1) Strengthening the Ward PHCs and Comprehensive PHCs as Basic Emergency Obstetric Neonatal Care Centres (BEmONC Centre) and General Hospitals as Comprehensive Emergency Obstetric and Neonatal Care Centre (CEmONC Centre).
- 2) Training of the CHEWs in Midwifery skills
- 3) Training of Midwives in the control of Post partum haemorrhage using Non-pneumatic anti-shock garment
- 4) Supply of Non-pneumatic anti-shock garments to PHCs and General Hospitals
- 5) Provision of motor cycles to the Community Health Officers and Pharmacists

**Mission for Primary Health Care , Cross River State  
Increase in Accessibility to PHC Services**

• Health Facilities in 2009:	602
• Additional facilities established :	411
• Total Health Facilities in Dec 2014:	1013
• Average population per Health Facility in 2009:	5862
• Average population per Health Facility in December 2014:	3483

**Mission for Primary Health Care , Cross River State  
Status of Health Indicators – before and after interventions**

S/N	Details	Baseline 2009	Targets by 2015	Status in Dec 2014
1	Infant Mortality Rate	75/1000 LB	25/1000 L B	14/1000 LB
2	Under-5 Mortality Rate	157/1000 LB	10/1000 LB	11/1000 LB
3	Maternal Mortality Rate	545/100,000	136/100,000 LB	218/100,000 LB
4	Antenatal Coverage	45 %	95 %	63 %
5	Skilled birth attendance	39 %	95 %	70 %
6	One year child fully immunized up to Measles vaccine	74 %	90 %	90 %

**Mission for vision – Cataract operations done**

Year	Kebbi	Calabar	Yola	Owerri	Katsina	Total
2002	804	-	-	-	-	804
2003	-	1019	0	-	-	1019
2004	1234	2368	0	-	-	3602
2005	3207	1836	491	2202	-	7736
2006	2732	2819	3113	2805	-	11595
2007	1745	2493	2875	3231	-	10323
2008	3541	3557	3056	3033	-	13180
2009	3669	3577	3651	3541	-	14383
2010	2884	2361	3824	1980	-	11049
2011	3004	3692	2773	-	657	10124
2012	626	3150	-	-	1709	5515
2013	1494	2381	-	-	2294	6210
2014	686	1615	-	-	395	1649
2015	2360	2286	-	-	-	4646
2016	1450	1190	-	32	-	2672
<b>TOTAL</b>	<b>29436</b>	<b>34344</b>	<b>19783</b>	<b>16824</b>	<b>5055</b>	<b>105402</b>

**Mission for Water**



- TCF water projects are in partnership with UNICEF and Federal Ministry of Water Resources
- Coverage – 175 LGAs in 27 States
- Rehabilitated 4414 non-functional pumps and 89 Motorised boreholes
- A low cost sustainable partnership project to ensure safe drinking water
- Establishment of supply chain of spare parts
- Training of hand pump mechanics.
- On maintenance 502 hand pumps in Kebbi, Katsina, Niger and Cross River States
- Functionality rate of pumps 80%.



**Our request**

- We Seek your guidance and support to replicate this evidence based PHC System since it is an effective model for quality Maternal and Child Health Services.
- We request you to give a chance to share our experiences in the Governors' Forum so as to take the benefits of the programme to many States.

