FEDERAL GOVERNMENT OF NIGERIA

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

MINIMUM STANDARDS FOR PRIMARY HEALTH CARE IN NIGERIA

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MINIMUM STANDARDS

FOR

PRIMARY HEALTH CARE

IN NIGERIA

National Primary Health Care Development Agency (NPHCDA): MINIMUM STANDARDS FOR PRIMARY HEALTH CARE IN NIGERIA

Production of Department of Planning, Research and Statistics.

For all enquiries please contact, The Director, Planning Research and Statistics, NPHCDA Plot 681/682 Port-Harcourt Crescent, Off Gimbiya Street, Garki II, Abuja

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FOREWORD

The Federal Republic of Nigeria operates a 3 tier system of Government: the Federal, State and Local Government levels. Similarly the Nigerian health system operates along those lines, operating primary health care at the Local Government Level, secondary health care at State level and tertiary health care at Federal level.

Primary Health Care (PHC) is the cornerstone of the health policy in Nigeria and is the first point of contact for most Nigerians with the health care system.

Standards must therefore be set in order to effectively manage health services and achieve good quality of care. The purpose of setting health standards according to the World Health Organization is to serve as a tool in health services management; and to strive towards achieving the highest possible quality of care within the resources available.

Several attempts have been made to set standards for PHC in Nigeria from the Basic Health Service Scheme (BHSS) of 1975 – 1980 to the current Ward Health System.

The Ward Health System (WHS) represents the current national strategic thrust for the delivery of PHC services and utilises the electoral ward as the basic operational unit for PHC service delivery.

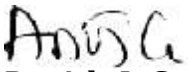
The Ward Minimum Health Care Package (WMHCP) was developed to address this current strategy to deliver PHC services, and consists of a set of health interventions and services that address health and health related problems that would result in substantial health gains at low cost to government and its partners.

The WMHCP with a plan period from 2007 to 2012 includes the following interventions: (1) Control of Communicable Diseases (Malaria, STI/HIV/AIDS), (2) Child Survival, (3) Maternal and Newborn Care, (4) Nutrition, (5) Non-Communicable Diseases Prevention, (6) Health Education and Community Mobilization

In recognition of overriding importance of key support services and resources, some strategies for the provision and sustenance of the 6 interventions were outlined in the WMHCP and form the basis around which this Minimum Standards document was developed.

- Service Provision including Essential Drugs
- Human Resource for Health
- Health Infrastructure development

It is expected that this document will be the reference document and provide standard guidelines for improvement in quality and access to PHC service provision in Nigeria.



Dr. Ado J. G. Muhammad
Executive Director NPHCDA

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The Minimum Standards for Primary Health Care in Nigeria document was developed by the National Primary Health Care Development Agency through a collaborative process involving all major stakeholders in health; Agencies and individuals from the Federal Ministry of Health, academia and public health experts, development partners, including the UN agencies – WHO, UNICEF, UNFPA, the World Bank, PATHS2, FHI and other organizations. The commitment and support of the top management of the Agency, the immediate past Executive Director of the National Primary Health Care Development Agency, and immediate past Honourable Minister of State for Health, Dr Mohammed Ali Pate and his team of Directors, Dr Emmanuel Odu and Dr M J Abdullahi, whose belief in standards as a cornerstone for quality of care, catalyzed the process of developing Standards for PHC in Nigeria.

The efforts and contributions of Professor M C Asuzu, Dr M. O. Ogundeji who were Consultants at the initial stage of document development are very much appreciated.

Our deepest gratitude and appreciation goes to all the members of the technical working group who gave their time and brought their experience, expertise and hard work to bear in creating this document. The invaluable contribution of Dr I. Lewis who has been part of the process of developing Minimum Standards document from the beginning is highly appreciated.

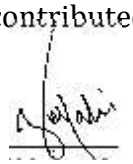
The finalization of the Minimum Standards for PHC in Nigeria documents marks the achievement of an important milestone for the NPHCDA and for the department of Planning, Research and Statistics in particular. Our appreciation goes to the many staff of the department and Agency who contributed to the development of the document.

The efforts of Dr. O. Ogbe throughout the process of developing and finalizing the document and of Dr A. Ahmad-Shehu in overseeing the review and finalization process are also duly acknowledged.

The contribution of the Partnership for Transforming Health Systems (PATHS 2) through the provision of a Consultant, Mrs Aami Abdullahi to support the finalization process is especially recognised and duly acknowledged.

Appreciation must also go to Dr Emmanuel Odu, the former Director of Planning, Research and Statistics who spearheaded the process for the production of this document.

Finally, the NPHCDA is profoundly grateful to all those, too numerous to mention, who contributed to this laudable achievement.



Dr. M. J. Abdullahi
Director Planning Research and Statistics
NPHCDA

EXECUTIVE SUMMARY

The need to ensure equity in the delivery of health care services and improve access, informed the development of the Ward Minimum Health Care Package in 2007.

There was also a need to define and declare a set of Minimum Standards in the areas of health infrastructure, human and financial resources and provision of essential drugs and commodities for primary health institutions in Nigeria, which informed the development of this Minimum Standards for Primary Health Care in Nigeria document. Health standards are tools which are designed as a platform to strive towards achievement of the highest quality of care possible within the resources available

The overall goal of this document is to uniformly define for the various levels of fixed health facilities in Nigeria, the Minimum Standards for PHC structures (systems, staffing, equipment and service delivery) at Local Government level in order to improve access and quality of services. It is also intended as a vital tool for effective supervision, monitoring and evaluation and to aid effective planning, development and delivery of PHC services.

This document defines a set of Minimum Standards in the following areas:

a. **Health infrastructure:** Types/Levels of PHC facilities including recommended infrastructure dimensions, furniture and equipment

b. **Human resources for health:** Minimum recommended staff number and cadre for each type of health facility

c. **Service provision:** Recommended minimum PHC services for each facility type including the minimum requirement of medical equipment and essential drugs (From the National essential Drugs list) required to achieve these services

It is expected that these Standards would be used to guide the further development of PHC in terms of infrastructure, human resource availability and service provision as well as for the provision of qualitative PHC services and in ensuring equity in the availability and provision of the PHC services. It should be noted that this manual defines Minimum Standards at the different Primary Health Care levels, to which additional indices can be added.

ACRONYMS

AFP	–	Acute Flaccid Paralysis
AHR	–	Administration and Human Resources
ANC	–	Antenatal Care
AIDS	–	Acquired Immune Deficiency Syndrome
BHS	–	Basic Health Services
BCG	–	Bacillus Calmette and Guerrin
AEFI	–	Adverse Effect Following Immunization
AFP	–	Acute Flaccid Paralysis
CDC	–	Community Development Committee
CHEW	–	Community Health Extension Worker
CHO	–	Community Health Officer
CHS	–	Community Health Services
CORPs	–	Community Resource Persons
DCI	–	Disease Control and Immunization
DHFPA	–	District Health Package for All
DOTs	–	Direct Observation Treatment
DPT	–	Diphtheria-Pertussis-Tetanus
ED	–	Executive Director
EHO	–	Environmental Health Officer
FA	–	Finance and Accounts
FBS	–	Fasting Blood Sugar
FMOH	–	Federal Ministry of Health
FP	–	Family Planning
G6PD	–	Glucose 6 Phosphate Dehydrogenase Deficiency
GSVC	–	Geo- Style Vaccine Carrier
HIV	–	Human Immunodeficiency Virus
HMIS	–	Health Management Information System
IEC	–	Information Education and Communication
IPT	–	Intermittent Preventive Treatment
ITNs	–	Insecticide Treated-mosquito Nets
IVHS	–	Integrated Village Health services
JCHEW	–	Junior Health Extension Worker
LGA	–	Local Government Area
LT	–	Laboratory Technician
MLSS	–	Modified Life Saving Skills

MO	–	Medical Officer
MV	–	Measles Vaccine
NPHCDA	–	National Primary Health Care Development Agency
NGO	–	Non Governmental Organization
NHMIS	–	National Health Management Information System
N/M	–	Nurse/ Midwife
NSHD	–	National Strategic Health Development Plan
OPV	–	Oral Polio Vaccine
ORT	–	Oral Rehydration Therapy
PEM	–	Protein Energy Malnutrition
PHC	–	Primary Health Care
PHCMIS	–	Primary Health Care Management Information System
PHCN	–	Power Holding Company of Nigeria
PHCSD	–	Primary Health Care Systems Development
PITC	–	Provider Initiated Testing and Counselling
PLA	–	Participatory Learning Action
PLWA	–	People Living with HIV/AIDs
PMCT	–	Prevention of Maternal to Child Transmission
PPH	–	Post-Partum Haemorrhage
PPP	–	Public Private Partnership
PRS	–	Planning, Research and Statistics
P/Tech	–	Pharmacy Technician
STD	–	Sexually Transmitted Disease
STI	–	Sexually Transmitted Infections
TB	–	Tuberculosis
TBA	–	Traditional Birth Attendant
TT	–	Tetanus Toxoid
UNFPA	–	United Nations Fund for Population Activities
UNICEF	–	United Nations Children's Emergency Fund
VDC	–	Village Development Committee
VHW	–	Village Health Worker
WDC	–	Ward Development Committee
WHO	–	World Health Organization
YF	–	Yellow Fever Vaccine

LIST OF CONTRIBUTORS

1.	Dr. Ado J. G. Muhammad	–	Executive Director NPHCDA
2.	Dr. M. J. Abdullahi	–	Director of Planning, Research and Statistics NPHCDA
3.	Dr. E. Abanida	–	Director of Disease Control and Immunization NPHCDA
4.	Dr. E. Odu	–	Director of Community Health Services NPHCDA (Previously DPRS)
5.	Dr. N. Ihebuzor	–	Director of PHC Systems Development NPHCDA
6.	Mrs. L. A. Abubakar	–	Director of Administration and Human Resources NPHCDA
7.	Mr. B. Ashogbon	–	Director of Finance and Accounts NPHCDA
8.	Dr. I. Umar	–	Director of Procurement NPHCDA
9.	Professor C. O. Akpala	–	Technical Consultant to ED NPHCDA
10.	Dr. O Ogbe	–	Assistant Director/Technical Assistant to ED NPHCDA
11.	Dr. C. Mamman	–	Chief Medical Officer, Monitoring and Evaluation NPHCDA
12.	Dr. U. Urua	–	Deputy Director, Health Information Systems NPHCDA
13.	Mr. A. Adelakun	–	Assistant Director, Policy, Planning & Coordination NPHCDA
14.	Dr. A. Ahmad-Shehu	–	Assistant Director, Operations Research NPHCDA (Anchored the desk)
15.	Engr. G. A. Owolabi	–	Deputy Director, Project Management Unit NPHCDA
16.	Dr. A. Nuhu	–	Chief Medical Officer, Supplemental Immunization NPHCDA
17.	Dr. O. Olubajo	–	Deputy Director, Health Financing NPHCDA
18.	Dr. M. R. O. Onoja	–	Senior Medical Officer I, PRS NPHCDA
19.	Mrs G. T. Suulola	–	Principal Health Management Officer, PRS NPHCDA
20.	Dr. A. Okpani	–	Medical Officer, PRS NPHCDA
21.	Dr. E. Ejemai	–	Medical Officer, PRS NPHCDA
22.	Mrs. C. Ogbonna	–	UNFPA
23.	Dr. O. Odutolu	–	The World Bank
24.	Dr. E. Obinya	–	UNICEF
25.	Dr. I. Gbenla	–	PATHS 2 PPP Consultant
26.	Professor M.C. Asuzu	–	Consultant
27.	Professor O. Ogundeji	–	Consultant
28.	Mrs R. A. Abdullahi	–	Consultant

CHAPTER 1

BACKGROUND

1.0 Introduction

TThe National Primary Health Care Development Agency (NPHCDA) provides support for the implementation of the National Health Policy in all matters relating to primary health care (PHC) in Nigeria. Within the policy, PHC is identified as the 'main focus for delivering effective, efficient, quality, accessible and affordable health services to a wider proportion of the population'. Subsequent to this mandate, one of its core functions is the development of effective systems of supervision, monitoring and evaluation of PHC based on national guidelines and standards. Ideally, Primary health care (PHC) is the foundation of the health care system. For most Nigerians, PHC is the first point of contact with the health care system. It is the level at which short-term, uncomplicated health issues should be resolved. It is also the level at which health promotion and education efforts are undertaken, and where patients in need of more specialized services are connected with secondary care.

The four basic approaches to PHC in Nigeria are to: (i) Promote community participation in planning, management, monitoring and evaluation; (ii) Improve inter-sectoral collaboration in primary health care delivery; (iii) Enhance functional integration at all levels of the health system and (iv) strengthen managerial processes for health development at all levels.[1]

The introduction of the Ward Health System was a culmination of efforts to provide an appropriate infra-structural resource for support and co-management of viable community-based integrated PHC services through the provision of a minimum package of equipment, drugs and other supplies for PHC[2]. This system requires smaller subgroups of health facilities to cater for areas that are far from the ward health centre but within the same ward. Within the Plan of Action (2007-2012), the Ward Minimum Health Care Package1 will implement the following health interventions:

(a) Control of communicable diseases (Malaria, TB, STI/HIV/AIDS)

(b) Child Survival

(c) Maternal and newborn care

(d) Nutrition

(e) Non communicable Disease Prevention

(f) Health Education and Community Mobilization

Meanwhile, functional health infrastructure, human and financial resources would be provided to support health service delivery at the ward level.

[1] Ward Minimum Health Care Package in Nigeria

Unfortunately, systemic weaknesses and long term neglect have made the ideal impossible to achieve in the short term, hence the need for defining and declaring a set of Minimum Standards especially in the areas of health infrastructure, human and financial resources and provision of essential drugs and commodities for primary health institutions in Nigeria.

NPHCDA sees the Minimum Standards as a temporary measure that will give in to a more robust system in the near future. At this juncture of PHC development, adherence to a set of Minimum Standards for the PHC system is fundamental to the effective functioning of any health facility and is an essential element for the delivery of quality health care.

This document defines a set of Minimum Standards in the following areas:

a. **Health infrastructure:** Types/Levels of PHC facilities including recommended infrastructure dimensions, furniture and equipment

b. **Human resources for health:** Minimum recommended staff number and cadre for each type of health facility

c. **Service provision:** Recommended minimum PHC services for each facility type including the minimum requirement of medical equipment and essential drugs (From the National essential Drugs list) required to achieve these services

1.1 The Purpose of the Minimum Standards for Primary Health Care Manual

The overall goal of this manual is to uniformly define for Nigeria, the various levels of fixed health facilities and the Minimum Standards for PHC structures, systems, staffing, equipment and PHC service delivery at Local Government Level in order to improve access and quality of services. The core purpose of the manual is to serve as a guide for the continuous development of PHC in terms of infrastructure, human resource availability and service provision.

In addition, it will create a basis for intensified mobilisation of resources particularly at LGA level for the provision of qualitative PHC services based on the standards and ensuring equity in the availability and provision of the PHC services. While recognising that some LGAs and PHC facilities may have achieved these standards, it should be noted that this manual constitutes a set of Minimum Standards on which additional services possibly involving higher cadre of manpower can be built. As the entire nation strives towards attaining these prescribed standards, periodic reviews would be undertaken every five (5) years with upgrades in the 'Minimum Standards' towards the attainment of a more optimal PHC service delivery.

Furthermore, the rationale for developing this manual on Minimum Standards for PHC services is to provide a valuable advocacy tool to policy makers and health professionals. Secondly, it is a vital tool for effective supervision, monitoring and evaluation. Lastly it is essential for effective planning, development and delivery of PHC services.

1.2 Rationale for Setting Standards in Health Care

The necessity of standard setting in the health services has become widely recognized in recent times. According to the World Health Organization[3], the purpose of setting health standards as a tool in health services management is to strive to achieve the highest quality of care possible within the resources available. Standards provide degrees of excellence to be pursued in a given exercise(s). They provide the basis for monitoring, comparison, supervision and regulation of the given services. Additionally, a key reason for standardizing PHC facilities is to make them instantly recognizable to all with regard to the services provided at the different levels.

For Minimum Standards to be practicable and acceptable, they must be premised on the core competencies and services expected at each level of service delivery. Therefore it follows that the setting of these norms or standards are based on the reality of what are the minimum activities/services that are expected at each health care level of the primary health care system in the country. The standards address the different levels of PHC service delivery outlets at the settlement, village, neighbourhood community levels, political ward communities all the way up to the apex LGA facility. The specifications include nomenclature, expected services, hours of operation, infrastructure, personnel, medical equipment and furniture, essential drugs and other support items.

This manual focuses on the following: PHC infrastructure and management; human resources; service provision and essential drugs. The details are as below:

1.3 PHC Infrastructure: Facilities and Equipment

Health facilities are static or mobile structures where different types of health services are provided by various categories of health workers. These health facilities are in different groups and called different names depending on the structure (building), staffing, equipment, services rendered and by ownership. Many terminologies have been used over the years including dispensaries, health clinics, health centres, primary health centres, maternities, health posts and comprehensive health centres. However based on the Ward Health System, the three recognised facility types are;

(1) Health Post (2) Primary Health Clinic and (3) Primary Health Care Centres.

Appropriately, the standard infrastructure in terms of physical building, space and equipment will be addressed in this manual.

Table 1 below aligns the old facility nomenclature with the three PHC health facility types prescribed in this manual. At the moment some of the previously existing comprehensive health centres are being converted to or are run as General Hospitals which are at the secondary level of care.

Table 1: Types of Health Facilities; Management and Expected Coverage

Health Facility Old Nomenclature	Health facility New Nomenclature	Levels of management	Expected numbers
Teaching/Tertiary hospitals	Teaching/Tertiary hospitals	Federal government	1 per State Therefore in 36 States + FCT, 37
General hospitals	General hospitals	State government	1 per LGA, Therefore a minimum of 774 will be expected
Comprehensive Health Centre, Model PHC Center	Primary health centres	Local government	1 per ward With an average of 10 wards per LGA, a total of 7,740 will be expected
Maternity Centre, Basic Health Centre	Primary Health Clinics	Local government and ward development committee (WDC)	1 per group of villages/ neighbourhoods with about 2,000 – 5000 persons
Dispensary	Health Posts	Village Development Committee (VDC)/ Community Development Committee (CDC)	1 per village or neighbourhood of about 500 persons As many as the number of villages

In Nigeria, these facilities are either owned by the government, the private for-profit and the private not-for-profit organizations. Private health facilities are classified according to their structure and the services they provide and the private healthcare providers in Nigeria are broadly clinics, maternity homes and hospitals while the ownership includes individual professionals, faith-based and other civil society organizations. The arrays of services they provide include primary health care, but the institutions are not categorized in line with public facilities. There may be challenges in implementing government standards and guidelines in the private sector but it is our hope that the private sector will align its facilities with the provisions of this manual. In addition, regulatory authorities should enforce this document for accreditation.

1.4 Human Resources for PHC

The failure of primary health care in Nigeria can be partly attributed to the inadequate number and proportion of the various cadres of healthcare workers necessary to provide services in the health facilities.

This manual proposes the minimum number, mix and skill sets required in each facility type. The cadres of staffs are Community Health Officer (CHO), Nurse/Midwife, Community Health Extension Worker CHEW), and Junior Community Health Extension Worker (JCHEW). This manual recommends that the cadres are matched to services based on their competencies.

1.5 Provision of PHC Services

For primary health care to be effective the various activity levels for each component and level of care delivery must be known and standards set for its accomplishment. In defining these activity levels, there would be a need to take into cognizance the three broad operational categories of basic health care, priority health interventions and health related interventions. Each service is matched with the type of facility and the competencies of the staffs.

1.6 Essential drugs

Although reports indicate a high level of stock-out of essential drugs in most of our PHC facilities, there are also instances of expired drugs and wastage. This calls for proper management of essential drugs at each facility level and this manual recommends the essential drugs tailored to the level of care provided at the facility.

1.7 Managerial System for PHC at LGA Level[4]

This manual also provides the Minimum Standards for the LGA PHC department in order for it to effectively perform its statutory function. The LGA PHC department through its PHC Technical Committee is to manage the PHC delivery system in the LGA alongside the LGA PHC Management Committee. While the LGA PHC Management Committee will provide overall direction and enabling environment for integrated PHC service delivery, planning and management of services, manpower development, resource mobilization and provision of an operational guideline.

Conclusion

This chapter provides some background information on primary health care in Nigeria and the core role of NPHCDA as the statutory organization that supports the implementation of the National Health Policy on PHC in the development of effective systems of supervision, monitoring and evaluation of PHC based on national guidelines and standards. The major focus includes PHC infrastructure – facilities and equipment; human resources, services; essential drugs and managerial system for PHC at LGA level.

Lastly, the manual is divided into seven more chapters based on Minimum Standards for the different facility types, LGA level management of PHC and emerging PHC issues.

CHAPTER 2

METHODOLOGY

2.1 Document Development

In developing this manual on Minimum Standards for PHC in Nigeria, the National Primary Health Care Development Agency (NPHCDA) initially recruited the services of two Consultants whose mandate was; (1) to hold necessary meetings with the technical team from the NPHCDA (2) to conduct extensive literature and PHC document reviews (3) to conduct interviews and field visits; all leading to the development of a draft document. The initial draft document was presented to Stakeholders at Federal, State and LGA levels for input. The draft document was subsequently reviewed by a Technical Working Group consisting of NPHCDA staff and key Development Partners including the FMOH, World Bank, UNICEF, WHO, UNFPA, PATHS 2; to ensure alignment with current initiatives and practices.

2.2 State-Based Visits and Meetings

The Consultants visited and interviewed health officers in three states within three geopolitical zones, namely; Ibadan in Oyo State (South – West Zone), Jos in Plateau State (North – Central Zone) and Kano in Kano State (North – West Zone). Lagos State, which is reported to have a very efficient and model PHC system, was also visited to learn from their experiences.

Key Findings from State Visit/Meetings: Challenges and Obstacles to PHC

The major findings of these meetings and key informant group discussions are:

- PHC service implementation issues – There is a need to define all inclusive terminologies in PHC literature and services like the use of "villages" instead of "settlements". Also, when "communities" is used without any further qualifications or specifications, it is to be assumed that these will be villages, towns, settlements and neighbourhoods, depending on the location of the communities

- Roles and responsibilities of state, LGAs and staff PHC staff – utmost co-operation and collaboration must operate between the different levels and tiers of the health care system

The utilization of Participatory Learning Action (PLA)[5] principles for community development and implementation of PHC activities was reported to have resulted in a high level of real community involvement in some states. The establishment of Integrated Village Health Services (IVHS) Units in Kano State and the Town Hall method demonstrated by the Justice, Development and Peace Commission of the Catholic Secretariat in Lagos[6] is worthy of more detailed study for adoption at the national level.

2.3 Literature and PHC Document Review

2.3.1 WHO Literature

According to the report of the Alma-Ata Conference on primary health care[7], PHC evolved from experiences with Basic Health Service (BHS) provision and delivery in several settings over the last couple of decades. PHC however is a lot more than the provision of BHS. WHO[8] has identified four categories of indicators; namely, health policy, socio-economic factors, health service provision and quality of life indicators. These indicator categories are broader than those already reviewed above for the general provision of health services.

The Alma-Ata conference also specified 8 minimum health service areas that have since been referred to in many places as the minimum service components of PHC.

These are:

- Education on prevailing health problems and how to prevent them (health education)
- Provision of adequate water and basic sanitation (environmental health)
- Adequate food supply and good nutrition (public health nutrition)
- Maternal and child health including family planning (reproductive and family health)
- Immunization against the common communicable diseases
- Control of common endemic diseases (epidemiology and disease control)
- Treatment of common diseases and injury (primary medical care)
- Provision of essential drugs (community pharmacy practice)

2.3.2 Other Literature

The FMOH/NPHCDA/WHO District Health For All (DHFA) document[9] identified the following 13 minimum PHC components: child survival, safe motherhood, productive life years, immunization, family planning, essential drugs, adult health literacy, household food security, water supplies and sanitation, HIV/AIDS, emergency preparedness and response, health education.

2.3.3 PHC Standards Setting in Nigeria

Many documents produced for PHC in Nigeria have alluded to the setting of standards. However, it was in Ogundeji's[10] work in trying to record the background and status of PHC activities in Nigeria in 2000, that the first systematic attempt at determining and using some articulate objective system to develop the standards for ascertaining the status of our PHC services was given[11].

Records of a few past efforts to develop a minimum package of PHC services are; the NPHCDA *Ward Minimum Health Care Package in Nigeria*[1], *the Basic Health Services Scheme contained in The Nigerian experience document*[13]; *the WHO Minimum District Health Package document*[11], *the background and status of PHC activities by 2000 in Nigeria document*[14], *the*

NPHCDA/FMOH/WHO[15] Draft plan of action for the delivery of the Ward Minimum Health Care Package in Nigeria[16]; the FMOH/NPHCDA Operation Training Manual and Guidelines for PHC in Nigeria[17] and National Strategic Health Development Plan 2010 – 2015[18].

2.3.4 Current Global Thinking on Human Resources for Health

In recent years, the gap in human resource for health and its attendant implications on health outcomes has become a major concern in developing countries. In addition, increasing recognition is being accorded to the fact that appropriate and competently skilled manpower is the most important issue in addressing any health concerns. In recognition of the impact on the rising maternal mortality rates in many developing countries, it is the consensus that the health system should develop a phased incremental human resource development plan[19]. In terms of maternal services, the objective is to increase access to, and use of, skilled attendants in areas with the greatest need, to be followed by scaling-up of access in other parts of the country in a phased manner. It is believed that all countries can move to a skilled-attendant-for-all model of service delivery, depending on the capacity of each health system to train and appoint skilled attendants and availability of funding for this purpose.

However, skilled attendance and institutional delivery alone may not be sufficient for reducing maternal mortality in populations where a sizeable proportion of mothers deliver at home. Researchers have demonstrated a 62% reduction in neonatal mortality in rural India through a community based approach[20]. In a recent meta-analysis on traditional birth attendant (TBA) training and pregnancy outcomes, data suggested that TBA training was effective in terms of the outcomes measured, but the authors were unable to demonstrate that it is a cost-effective intervention. It was further stated that TBA training needs to be adequately evaluated in order to develop a strong evidence base necessary for sound policy and programming[21]. The latest WHO stand however is that the use of any type of TBAs have not proved useful in reducing maternal or neonatal morbidity and/or mortality and so, their use in taking deliveries should not be encouraged. Their services should only be utilized for the functions that WHO has listed for TBAs to safely carry out. Some health care manpower models that have worked elsewhere are mentioned below:

(i) The Leyte (Philippines) Model[22]

In the Philippines model, there is a ladder type curriculum with various points of entry where community health workers at the lowest levels that have demonstrated capabilities are given the opportunity to rise through the system and attain the highest level even up to attaining a Bachelor of Science degree in rural medicine.

(ii) Botswana Model[23]

In this model, the goal was to reach all the communities, especially those in the remote areas. Health posts were staffed with enrolled nurses in order to increase the range of services that can be provided in these facilities on a daily basis. Family welfare educators were also trained and were responsible for mobilizing communities to participate in health activities.

This is by no means an exhaustive list of models. The details of these and other models like the Fiji[24], [25] and Sweden[26] models can be further researched.

Conclusions Drawn from the Models

In all the models, there was a conscious effort on the part of the governments to provide qualitative services for its people using the best mix of skilled and properly trained workers assisted by trained community workers.

This manual has drawn on these best practices. However, there is a need to ensure that strong political will exists for quality health service provision, and that cultural relevance and competence are provided while efforts are on-going to move to the optimal level of standards. The report of the public service review commission[27] should be re-appraised.

CHAPTER 3

HEALTH POST

3.0 Nomenclature of health facility: Health Post

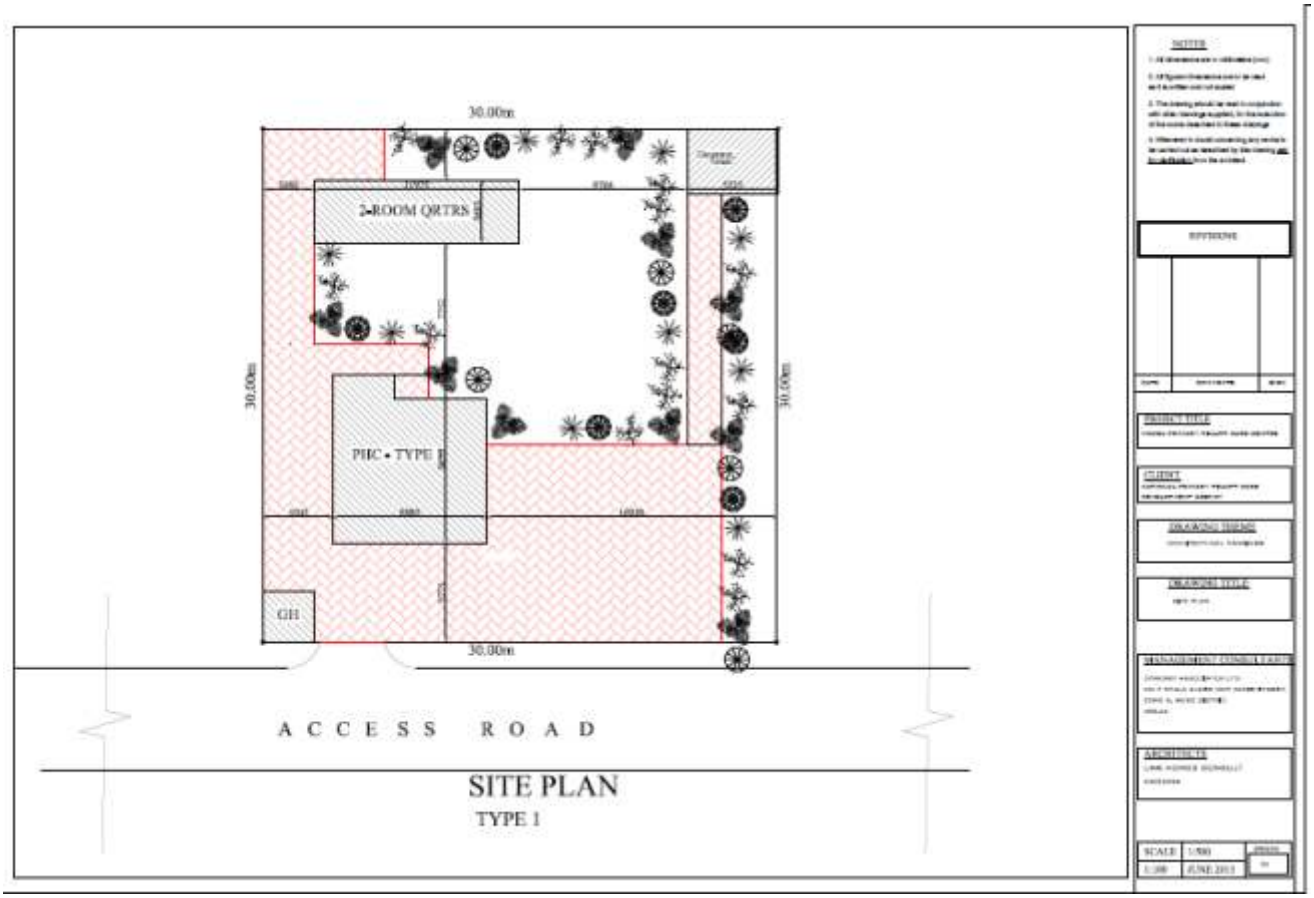
Service Delivery Area :Settlement, Neighbourhood and/or village level

Estimated Coverage Population :500

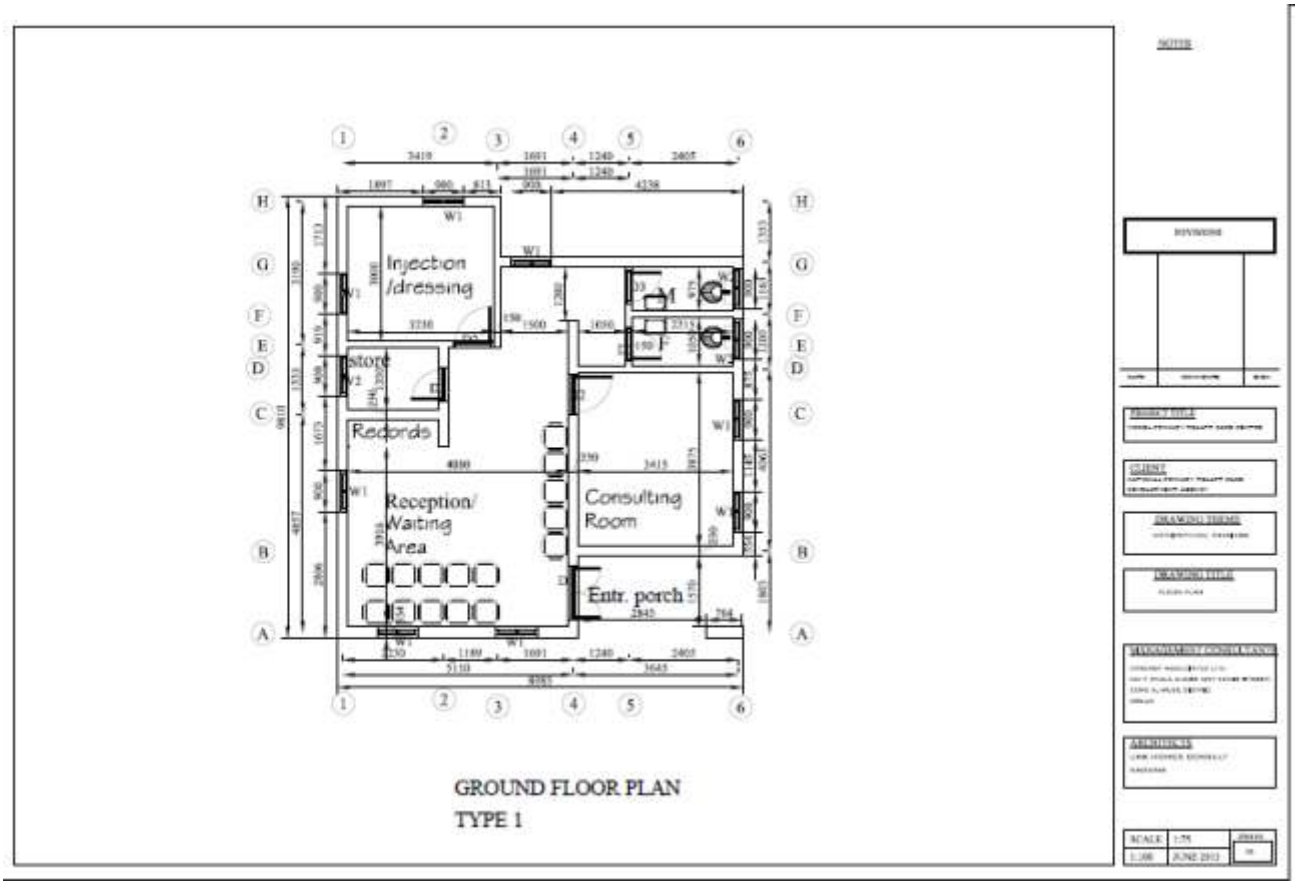
3.1 Minimum Infrastructure

Building and Premises

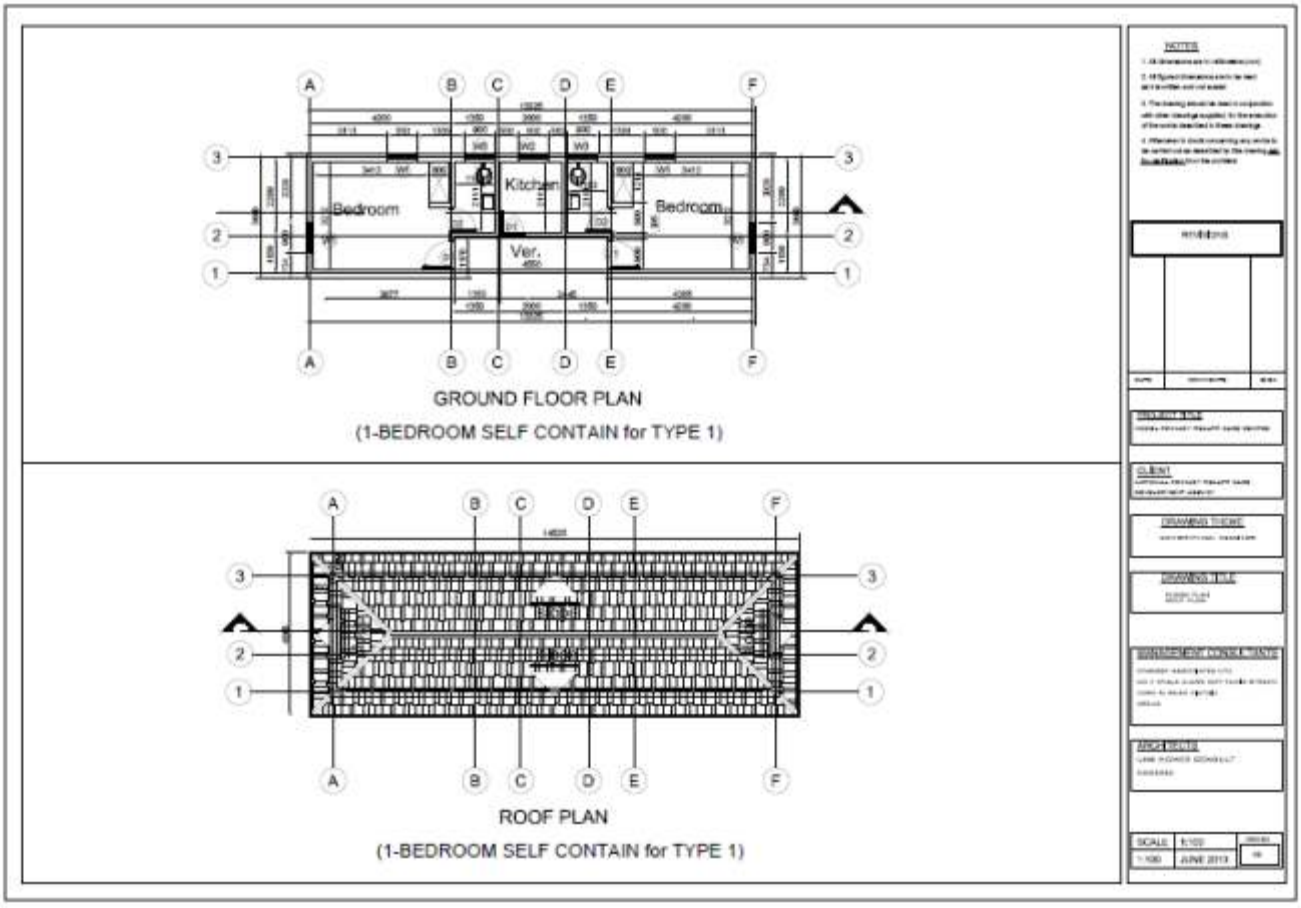
- Colour: Cream (see picture below)
- Minimum Land Area: 1,200 square metres
- Two rooms with cross ventilation; walls and roof must be in good condition with functional doors and netted windows (See floor plan)
- Functional separate male and female toilet facilities with water supply within the premises
- Availability of a clean water source: motorized borehole
- Be connected to the national grid and other regular alternative power source
- Have a sanitary waste collection point
- Have a waste disposal site
- Be clearly signposted – visible from both entry and exit points
- Be fenced with gate and generator houses
- Staff accommodation provided within the facility: 2 units of 1-bedroom self-contained apartments (See building plan)



SITE PLAN
TYPE 1



GROUND FLOOR PLAN
TYPE 1


Bedroom
Kitchen
Ver.
Bedroom
GROUND FLOOR PLAN
(1-BEDROOM SELF CONTAIN for TYPE 1)
ROOF PLAN
(1-BEDROOM SELF CONTAIN for TYPE 1)

3.2 Furnishings

- Benches - 2
- Chairs - 2
- Cupboards - 2
- Examination couch - 1
- Screen - 1
- Stove - 1
- Wash hand basin - 1
- Writing table - 1

3.3 Medical equipment

- Dressing forceps - 2
- Fetoscope - 1
- Geo Style Vaccine Carrier (GSVC) - 2
- Ice Packs - 4 per GSVC
- Injection safety box - 1
- Kidney dish - 2
- ORT Demonstration Equipment - 1 set
- (1 set = Cup, jug, wash basin, towel, bucket, standard beer or/and soft drink bottles)

- Scissors - 2
- Solar Refrigerator - 1
- Sphygmomanometer - 2
- Stethoscope - 2
- Tape rule - 1
- Thermometer - 1
- Weighing scale - 1

3.4 Personnel

The Health Post should be headed by at least a JCHEW, who supervises *Community Resource Persons (CORPs) working within the community. CORPs should be utilised in limited ways in view of the recent WHO19 recommendation that CORPs can:

- Partner with skilled providers by encouraging women to enrol for essential pre- and Post-natal care;
- Act as community educators to lend support for accurate maternal and neonatal Health messages;
- Identify pregnant women in the community who might need maternity services and distribute commodities/drugs to pregnant women in the community
- Treat minor ailments

* These are all trained Community Volunteers including, TBA, VHW and other community based service providers that have been duly trained and are recognised by the LGA

**TBAs are not expected to take deliveries.

3.5 Services

Table 2: Type of Service and Providers

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDERS	
		CORPs	JCHEW
	A. HEALTH EDUCATION AND PROMOTION		
1	Informing, educating and communicating necessary behaviour change messages on prevailing health issues and problems; prevention and community based management.	X	X
2	Community Mobilisation for Health	X	X
	B. HEALTH MANAGEMENT INFORMATION SYSTEM		
3	All data collected should be sent to Health facility staff to collate		X
	C. ROUTINE HOME VISITS & COMMUNITY OUTREACH		
4	These services will be conducted in the health post and in the communities	X	X
	D. MATERNAL, NEWBORN AND CHILD CA RE		
5	Identification of pregnant women	X	X
6	Referral of Pregnant women to higher facilities	X	X
7	ANC and Delivery (Based on availability of JCHEW with Modified Life Saving Skills (MLSS) Training)		X
8	Routine post natal care (promotion of healthy p ractices and illness detection)		X
9	Promotion of Exclusive Breast Feeding (counselling and initiation)	X	X
10	Care of the Newborn- clean delivery and cord care.	X	X
11	Growth monitoring	X	X
12	Support for Weaning	X	X

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDERS	
		CORPs	JCHEW
	E. FAMILY PLANNING		
13	Counselling and motivation for FP	X	X
14	Dispensing of Condoms (Male/Female)	X	X
	F. PROMOTION OF PROPER NUTRITION AND FOOD EDUCATION		
15	Identification of locally available food stuff	X	X
16	Home, School and Communal Gardening	X	X
17	Nutritional Education, including food hygiene, processing and preservation	X	X
18	Screening for nutrition related problems (PEM, Anaemia, Goitre)	X	X
19	Nutrition assessment e.g. mid–upper arm circumference and identification of Malnutrition in children and adults	X	X
20	Food demonstration		X
	G. IMMUNIZATION		
21	Identification of eligible pregnant women and children immunization.	X	X
22	Assist in the provision of routine immunisation (Non -injectable i.e BCG, OPV, DPT, MV, YF..)	X	X
23	Participation in immunisation campaigns	X	X
24	Immunization trend follow up	X	X
25	Assist in the management of Adverse Effect Following Immunization (AEFI)		X
26	Assist in the identification of Acute Flaccid paralysis (AFP)		X
	H. HIV/AIDS		
27	Education on prevention and misconception of HIV/AIDS	X	X
28	Community/home based care and support	X	X
29	Male and female condom distribution.		
	I. TUBERCULOSIS		
30	Contact tracing	X	X
31	Education on prevention and misconception	X	X
	J. MALARIA		
32	ITNs	X	X
33	IPT for pregnant women		X
34	Treatment for children	X	X
	K. CURATIVE CARE		
35	Fever- temperature management	X	X
36	Diarrhoea	X	X
37	Respiratory Infections	X	X
38	Skin diseases	X	X
39	Anaemia (Simple)		X
40	Minor Accidents	X	X
41	Worm Infestation	X	X
42	***All conditions as listed in the Standing Order for t he Cadre of Staff***	X	X
	L. ESSENTIAL DRUGS		
43	Replenishment of essential drug stock from designated points		X
44	Use of drugs according to standing orders		X
45	Maintain drug fund system within the community.		X
	M. WATER AND SANITATION		
46	Promotion of personal and community hygiene - hand washing with soap	X	X
47	Advising community on potable water and protection of water source	X	X
48	Advise on pest control	X	X
49	Advice training on safe excreta disposal	X	X
50	Advice training on safe refuse disposal	X	X
51	Advice on care of the mouth and teeth	X	X

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDERS	
		CORPs	JCHEW
	N. ORAL HEALTH		
52	Oral health advice (Dental education on care of mouth and teeth)	X	X
	O. COMMUNITY MENTAL HEALTH		
53	Advice and Counselling on prevention of drugs and substance abuse (promotion of mental health)	X	X
	P. REFERRAL		
54	Counselling and motivation for referral	X	X
55	Effecting referrals for all cases above the level and following up (2 - way referral) for all patients requiring referral.	X	X
56	Mobilising support as required from the community (VDC /WDC) to effect referrals (e.g. logistics)	X	X
	Q. MAINTENANCE OF PHC RECORDS		
57	Participation in house numbering (as appropriate), issuance of child health card and family master card.	X	X
58	Completion of all cards, routine and notifiable disease forms and transmission – Family master card, Child health card, Adult health card, Immunization card, HMIS records and summary forms		X
59	Collection of community based statistics on demography and health events including births and deaths		X
	R. MONITORING		
60	Will be done by health centre staff who should be at least 1 level higher than that at the health post		
	S. SUPERVISION		
61	Will be done by health centre staff who should be at least 1 level higher than that at the health post		
	T. WASTE DISPOSAL		
62	Use of safety boxes	X	X
63	At least "burn and bury"	X	X
	U. OTHERS		
64	Provision of DOTs treatment and support for TB, Malaria and Leprosy	X	X

Monitoring and supervision of lower levels is not applicable

3.6 Hours of operation

· 9.00 a.m. – 4.00 p.m. ***

It is expected that 40% of JCHEWS time will be spent in the Health Post and 60 in the community (According to the Ward Minimum Health Care Package)

*** Health Facilities can open at the convenience of the community with the provision that the Health Post will be open for at least 8 hours every day

3.7 Standing Order

All health posts must have a copy of the latest Standing Order

3.8 Essential drugs

The following attached complete Essential Drug List[12] is to be utilised at this level;

THE PRIMARY HEALTH ESSENTIAL DRUG LIST FOR HEALTH POST

Group		**Category / formulation**
Absorbent gauze	-	Dressing
Acetylsalicylic acid (Aspirin)*	-	Tablet
*Not for children		
Artesunate + amodiaquine	-	Tablet
Artemether + lumefantrine	-	Oral liquid, tablet
Benzyl benzoate	-	Emulsion
Calamine lotion	-	Lotion
Chlorhexidine	-	Solution
Clinical Thermometer		
Condoms (Male and Female)	-	Barrier method
Cotton wool / crepe bandages	-	Dressing
Ferrous salts	-	Tablet
Folic acid	-	Tablet
Mebendazole	-	Oral liquid, tablet
Methyl salicylate	-	Ointment
Methylated spirit	-	Solution
Paracetamol	-	Oral liquid, tablet
Plastic aprons		
Povidone iodine	-	Tincture
Salicylic acid + Benzoic acid (Whitfield's)	-	Ointment
Sulphadoxine + Pyrimethamine	-	Tablet, oral liquid
Surgical blades		
Zinc oxide plaster	-	Dressing

Essential Medicines List (Fifth Revision 2010)

3.9 Other Requirements

- Bicycle (1)
- Motorcycle (1)
- Community assigned canoe (in riverine areas) (1)
- Mobile phone (1)

3.10 Managerial System

Village Development Committee (Community Development Committee) co-managing with the supervising health worker and by extension the LGA.

For details of Roles and Responsibilities of VDC see chapter 9

CHAPTER 4

PRIMARY HEALTH CLINIC

4.0 Nomenclature of health facility: Primary Health Clinic

Service Delivery Area : Group of Settlements/Neighbourhood, Villages or Communities

Estimated Coverage Population : 2,000 to 5,000

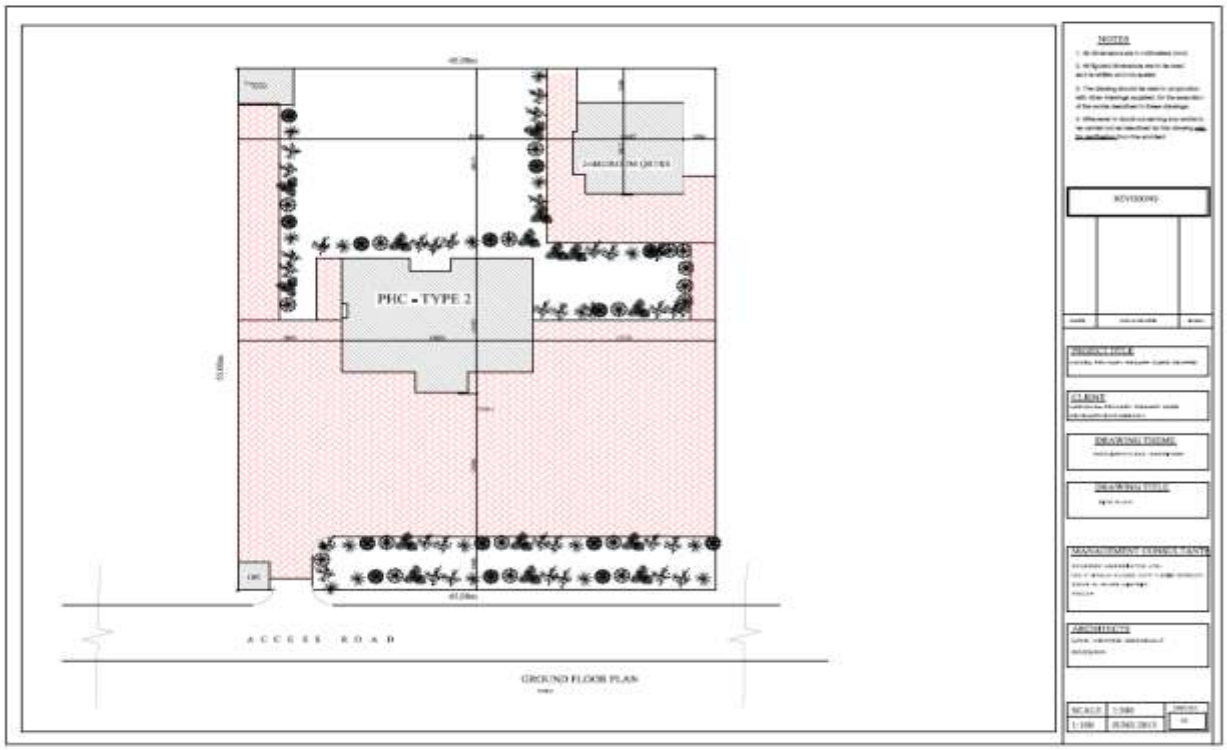
4.1 Minimum Infrastructure:

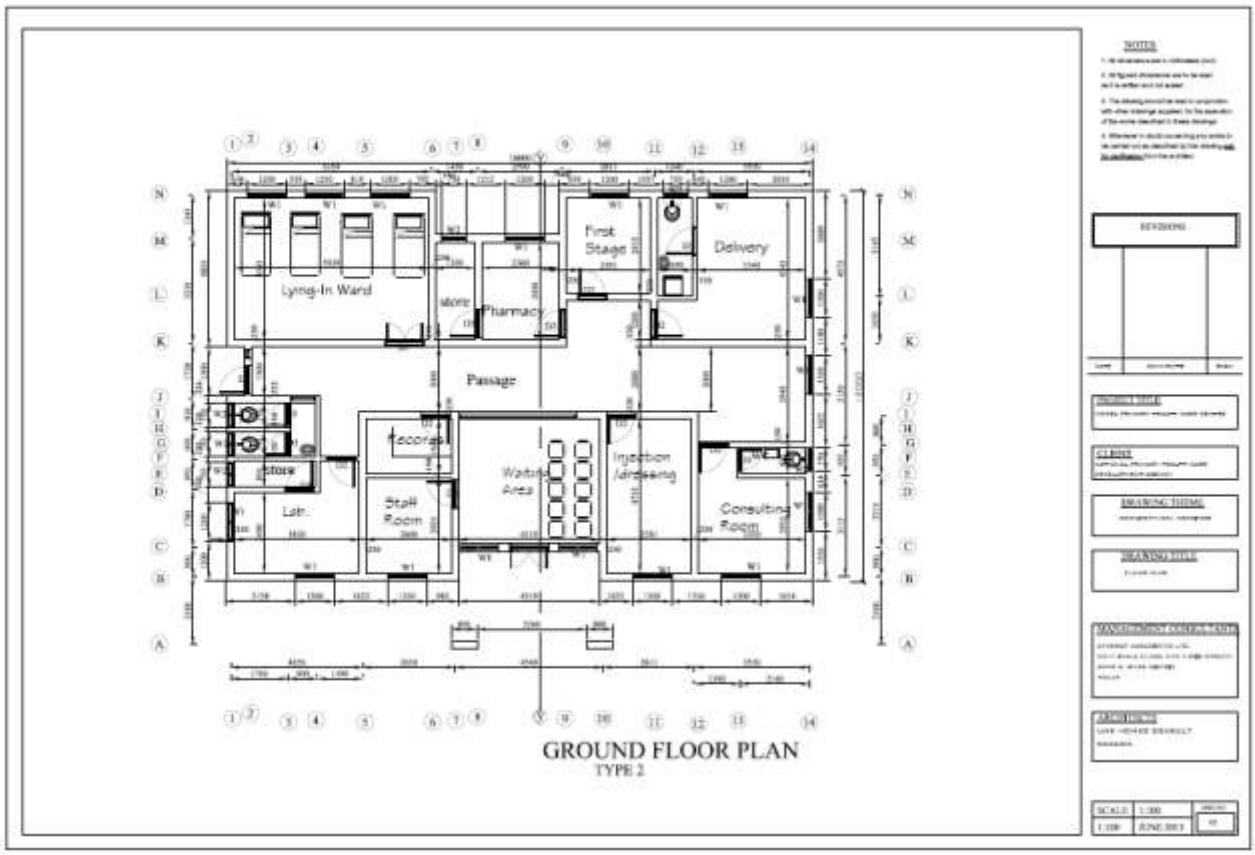
Building and Premises

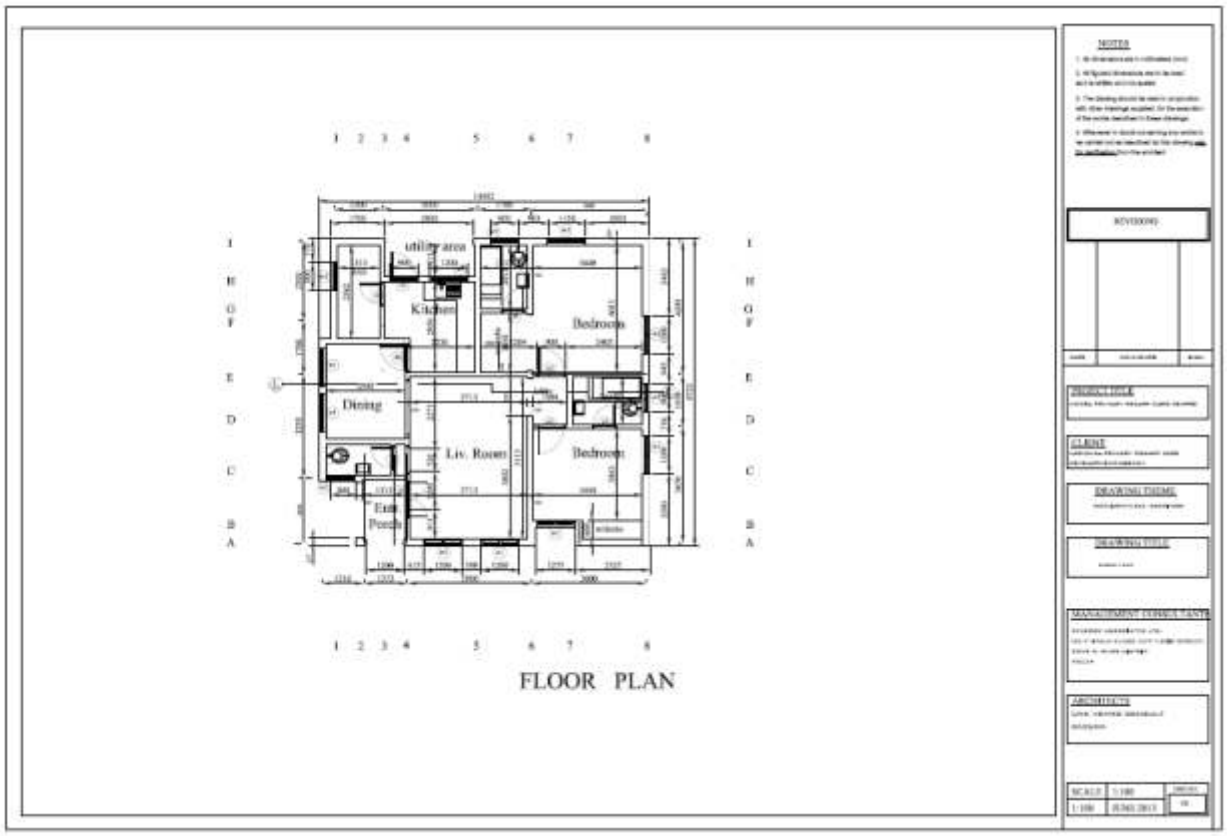
- Minimum Land Area: 2,475 square metres
- Colour: Blue (see picture below)
- A detached building with at least 5 rooms (see floor plan)
- Walls and roof must be in good condition with functional doors and netted windows
- Functional separate male and female toilet facilities with water supply within the premises
- Availability of a clean water source: at least motorized borehole
- Be connected to the national grid and other regular alternative power source
- Have a sanitary waste collection point
- Have a waste disposal site
- Be clearly signposted – visible from both entry and exit points
- Be fenced with gate and generator houses
- Staff accommodation provided within the premises: 2 bedroom apartments

The building must have sufficient rooms and space to accommodate:

- Client observation area
- Consulting area
- Delivery room
- First stage room
- Injection and dressing area
- Lying-in ward (4 bed)
- Pharmacy section
- Record section
- Staff station
- Store
- Toilet facilities (or VIP Toilet)
- Waiting/reception area


PHC - TYPE 2
ACCESS ROAD
GROUND FLOOR PLAN


Lying-In Ward
Store
Pharmacy
First Stage
Delivery
Passage
Records
Store
Lab.
Staff Room
Waiting Area
Injection /dressing
Consulting Room
GROUND FLOOR PLAN
TYPE 2


utility area
Kitchen
Bedroom
Dining
Liv. Room
Bedroom
Ent. Porch
FLOOR PLAN

4.2 Furnishing

·	Benches	-	8
·	Chairs	-	10
·	Cupboards	-	2
·	Curtains for windows and doors	-	all
·	Delivery bed	-	1
·	Examination couch	-	2
·	Observation beds	-	4
·	Screen	-	2
·	Wash hand basin	-	2
·	Wheel Chair	-	1
·	Writing table	-	3

4.3 Medical equipment

·	Adult weighing scale	-	2
·	Ambubag	-	1
·	Artery forceps	-	2

- Baby weighing scale - 1
- Bed pan - 4
- Bed sheets, - 2 per bed
- Clinical thermometers - 2
- Cold boxes - 1
- Cord clamps - 1 pack
- Curtains - 1 per window
- Cuscos speculum - 2
- Disposables (facemask, gloves e tc) - 1 pack each
- Dissecting forceps - 2
- Dressing forceps - 2
- Dressing trolley - 1
- Enema kits - 2
- Episiotomy scissors - 2
- Foetal stethoscope - 2
- Instrument tray - 2
- Kidney dishes - 4
- *Kidney dish - 2
- Lanterns, Buckets - 2 each
- Multistix test kits - 1 pack of 100
- Needle holding forceps - 2
- ORT Demonstration Equipment - * 1 set

*Cup, jug, wash basin, towel, bucket, standard beer or/and soft drink bottles

- Refrigerator - 1
- Scissors - 2
- Sims speculum - 2
- Solar Refrigerator - 1
- Sphygmomanometer - 2
- Stadiometer - 1
- Stethoscope - 2
- Sterilisation equipment - 1
- Stove - 1
- Suction machine or (mucus extractors) -1
- Tape rule - 1
- Urinary catheter - 2 of each size
- Geo Style Vaccine Carriers (GSVC) - 2
- Ice Packs - 4 per GSVC

4.4 Personnel

Midwife or Nurse Midwife - 2
CHEW (must work with standing order) - 2
JCHEW - 4
Support staff
Health attendant/Assistant - 2
Security personnel - 2

4.5 Services

Table 4: Type of Service and Recommended Provider

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDERS		
		Midwife	CHEW	VDC
	A. HEALTH EDUCATION AND PROMOTION			
1	Informing, educating and communicating necessary behaviour change messages on prevailing health issues, problems and prevention	X	X	
2	Community Mobilisation for Health	X	X	
	B. HEALTH MANAGEMENT INFORMATION SYSTEM			
3	All data collected should be sent to Health facility staff to collate and analyse	X	X	
	C. ROUTINE HOME VISITS & COMMUNITY OUTREACH			
4	These services will be conducted in the health centre and in the communities		X	X
	D. MATERNAL, NEWBORN AND CHILD CARE			
5	Identification of pregnant women	X	X	
6	Antenatal Care	X	X	
7	Delivery (low risk pregnancy)	X		
8	Post natal care	X	X	
9	Promotion of Exclusive Breast Feeding	X	X	
10	Care of the Newborn	X	X	
11	Growth monitoring	X	X	
12	Support for Weaning	X	X	
	E. FAMILY PLANNING			
13	Counselling and motivation for FP	X	X	
14	Dispensing of male and female Condoms	X	X	
15	Dispensing of Oral Contraceptives	X	X	
16	Inject able contraceptives and IUCD	X		
	F. PROMOTION OF PROPER NUTRITION AND FOOD EDUCATION			
17	Identification of locally available food stuff	X	X	
18	Home, School and Communal Gardening	X	X	
19	Nutritional Education, including food hygiene, processing and preservation	X	X	
20	Screening for nutrition related problems (PEM, Anaemia, Goitre)	X	X	
21	Nutrition assessment e.g. mid–upper arm circumference and identification of Malnutrition in children and adults	X	X	
22	Food demonstration	X	X	
	G. IMMUNIZATION			
23	Identification of eligible pregnant women and children	X	X	
24	Provision of routine immunisation , TT, BCG, OPV, DPT, Y F, MV etc.	X	X	
25	Participation in immunisation campaigns	X	X	
26	Immunization trend follow up	X	X	
27	Assist in the provision of routine immunisation	X	X	
28	Assist in the management of Adverse Effect following Immunisation (AEFI)	X	X	
29	Assist in the identification of Acute Flaccid paralysis (AFP)	X	X	
	H. HIV/AIDS			
30	Education on prevention and misconceptions	X	X	
31	Community/home based care and support	X	X	
32	PITC (Provider Initiated Testing and Counselling)	X	X	
33	PMTCT (Prevention of Maternal to Child Transmission)	X	X	

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDERS		
		Midwife	CHEW	VDC
34	Cotrimoxaxole prophylaxis for HIV+ mothers, adults and children	X	X	
35	Male and female condom distribution	X	X	
	I. TUBERCULOSIS			
36	Preliminary diagnoses	X	X	
37	Contact tracing	X	X	
38	Case management (for TB centers)		X	
39	DOTS treatment and support		X	
	J. MALARIA			
40	ITNs	X	X	X
41	IPT	X	X	
42	Treatment of children	X	X	
	K. CURATIVE CARE			
43	Fever	X	X	
44	Diarrhoea	X	X	
45	Respiratory Infections	X	X	
46	Skin diseases	X	X	
47	Anaemia	X	X	
48	Minor Accidents	X	X	
49	Worm Infestation	X	X	
50	Measles	X	X	
51	STI	X	X	
52	***All conditions as listed in the Standing Order for the Cadre of Staff***	X	X	
	L. ESSENTIAL DRUGS			
53	Stock Management	X	X	
54	Replenishment of drug stock	X	X	
55	Maintenance of Drug Revolving Fund			X
	M. WATER AND SANITATION			
56	Promotion of personal and community hygiene	X	X	
57	Advise on clean water drinking and protection of water source	X	X	
58	Advice on Pest Control	X	X	
59	Advice training on safe excreta disposal	X	X	
60	Advice training on safe refuse disposal	X	X	
	N. ORAL HEALTH			
61	Dental education on care of mouth and teeth	X	X	
62	Treatment of minor oral problems			
	O. COMMUNITY MENTAL HEALTH			
63	Mental Health education	X	X	
64	Advice and Counselling on prevention of drugs and substance abus e	X	X	
	P. REFERRAL			
65	Counselling and motivation for referral	X		
66	Effecting referrals for all cases above the level and following up (2 -way referral)	X	X	
67	Mobilising support as required from the community (VDC/WDC) to effect referrals	X	X	
	Q. MAINTENANCE OF PHC RECORDS			
68	House numbering (as appropriate) and issuance of child health card	X	X	
69	Community census and at risk registration	X	X	
70	Completion of cards, Community based forms and upward transmission	X	X	
71	Basic Data Analysis	X	X	
72	Collection of community based statistics on demography and health events including births and deaths	X	X	X
	R. MONITORING			
73	Monitoring of lower level will be done by health centre staff who should be at least 1 level higher than that at the health post	X	X	

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDERS		
		Midwife	CHEW	VDC
	R. MONITORING			
73	Monitoring of lower level will be done by health centre staff who should be at least 1 level higher than that at the health post	X	X	
	S. SUPERVISION			
74	Will be done by health centre staff who should be at least 1 level higher than that at the health post	X	X	
	T. WASTE DISPOSAL			
75	Use of safety boxes	X	X	
76	At least 'Burn and bury'	X	X	
	U. OTHERS			
77	Provision of DOTs treatment and supp ort for TB, Malaria and Leprosy	X	X	
	V. ADOLESCENT HEALTH			
78	Counselling and Support	X	X	

4.6 Hours of operation

· The facility should run 24 hours services

CHEWs/ JCHEWs will distribute their working time as follows;

JCHEWs: 60% in the health facility and 40% in the communities

CHEWs: 80% in the facility and 20% in the communities

4.7 Standing Order

CHEWs and JCHEWs must work with the Standing Order

4.8 Essential drugs

The following complete Essential Drug List[12] is to be utilised at this level;

4.9 Other Requirements

Means of communication; e.g. mobile phone or communication radio (1)

Motorcycle (1)

Bicycle (1)

Small motor boat for riverine areas (1)

4.10 Managerial System

Village Development Committee (Community Development Committee) co-managing with the supervising health worker and by extension the LGA.

For details of Roles and Responsibilities of VDC see chapter 9

THE PRIMARY HEALTH CARE ESSENTIAL DRUG LIST FOR HEALTH CLINICS
(I)

Group		Formulation
ANAESTHETICS, LOCAL		
Lidocaine	-	Topical, injection
ANALGESICS		
Acetylsalicylic Acid*	-	Tablet
*Not for children		
Paracetamol	-	Oral liquid, tablet
ANTI-ALLERGICS		
Chlorphenamine	-	Oral liquid, tablet
Epinephrine (Adrenaline)	-	Injection
Promethazine	-	Tablet, oral liquid
ANTICONVULSANTS		
Diazepam	-	Injection
Paraldehyde**	-	Injection
Phenobarbital	-	Tablet
ANTIDOTES		
Atropine	-	Injection
Charcoal (activated)	-	Powder
ANTI-INFECTIVE DRUGS		
Antibacterial drugs		
Amoxicillin	-	Capsule
Benzathine Penicillin	-	Injection
Benzylpenicillin	-	Injection
Co-trimoxazole	-	Tablet, oral liquid
Erythromycin	-	Tablet
Gentamicin	-	Injection
Nitrofurantoin	-	Tablet
Phenoxymethylpenicillin	-	Tablet
Streptomycin	-	Injection
Tetracycline*	-	Capsule
*Not recommended for children and pregnant women		
Antileprosy drugs		
Clofazimine	-	Capsule
Dapsone	-	Tablet
Rifampicin	-	Capsule or tablet
		Amoebicide
Metronidazole	-	Tablet
Anthelmintics		
Mebendazole	-	Tablet
Praziquantel	-	Table
Pyrantel	-	Oral liquid, tablet
** Marked for deletion		
Antifilarial		
Diethylcarbamazine	-	Tablet
Antimalarials		
Artemether + lumefantrine	-	Oral liquid, tablet
Artesunate	-	Suppositories
Artesunate + amodiaquine	-	Tablet
Quinine	-	Injection*
*Intramuscular, for pre-referral treatment only		
Pyrimethamine + sulfadoxine	-	Tablet, oral liquid

THE PRIMARY HEALTH CARE ESSENTIAL DRUG LIST FOR HEALTH CLINICS
(II)

Group		Formulation
Anti-tuberculosis drugs		
Ethambutol	-	Tablet
Isoniazid	-	Tablet
Pyrazinamide	-	Tablet
Rifampicin	-	Capsule, tablet
ANTISEPTICS AND DISINFECTANTS		
Benzoin tincture	-	Compound
Chlorhexidine	-	Solution
Iodine	-	Solution
Methylated spirit	-	Solution
Sodium hypochlorite	-	Solution
DERMATOLOGICAL DRUGS		
Benzoic acid+salicylic acid (Whitfield's)	-	Ointment
Benzoyl peroxide	-	Cream or gel
Benzyl benzoate	-	Emulsion
Calamine	-	Lotion
Gentamicin	-	Ointment
Methyl salicylate	–	Ointment
Neomycin+Bacitracin	-	Ointment, powder
Nystatin	-	Ointment, cream
Zinc oxide	-	Ointment
DRUGS AFFECTING THE BLOOD		
Ferrous salts	-	Oral liquid, tablet
Folic acid	-	Tablet
DIAGNOSTIC AGENT		
Tuberculin	-	Injection, PPD
DRESSINGS AND MEDICAL DEVICES		
Absorbent gauze bandages		
Cotton wool (absorbent)		
Disposable gloves,		
Disposable syringes	-	5 mL with needles (19, 21 Gauge)
Disposable syringes	-	2 mL with needles (19, 21 Gauge)
EAR, NOSE AND THROAT DRUGS		
Chloramphenicol	-	Ear drops
GASTRO-INTESTINAL DRUGS		
Hydrocortisone + lidocaine	-	Suppository
Hyoscine N-butylbromide	-	Tablet
Magnesium Sulphate	-	Injection
Magnesium trisilicate	-	Compound tablet, oral liquid
Misoprostol	-	Tablets
Oral Rehydration Salts		
Senna	-	Tablet
Zinc	-	Oral liquid, tablet
HORMONES AND SYNTHETIC SUBSTITUTES		
Barrier methods	-	Condoms with or without spermicide
Oral contraceptives	-	Tablet

Essential Medicines List (Fifth Revision 2010

THE PRIMARY HEALTH CARE ESSENTIAL DRUG LIST FOR HEALTH CLINICS (III)

Group		Formulation
IMMUNOLOGICALS		
Anti-snake bite serum	-	Injection
Anti-tetanus immunoglobulin (human)	-	Injection
B.C.G. vaccine	-	Injection
Diphteria+pertussis+tetanus vaccine	-	Injection
Measles vaccine		
Poliomyelitis vaccine	-	Oral liquid
Rabies immunoglobulin	-	Injection
Tetanus vaccine	-	Injection
OPHTHALMOLOGICAL DRUGS		
Chloramphenicol	-	Eye drops, ointment
Chlortetracycline	-	Eye ointment
OXYTOCIC		
Ergometrine	-	Tablet, injection
Oxytocin	-	Injection
PSYCHOTHERAPEUTIC DRUG		
Chlorpromazine	-	Injection
RESPIRATORY DRUGS		
Beclomethasone	-	Inhaler
Salbutamol	-	Tablet, inhaler
VITAMINS AND MINERALS		
Ascorbic Acid (vitamin C)	-	Tablet
Calcium gluconate	-	Injection
Calcium salts	-	Tablet
Folic acid	-	Tablet
Vitamin A	-	Capsule
MISCELLANEOUS		
Water for injection	-	Injection
Spatulas		

Essential Medicines List (Fifth Revision 2010

CHAPTER 5

PRIMARY HEALTH CARE CENTRE

5.0 Nomenclature of Health Facility: Primary Health Care Centre (Ward Health Centre)

Service Delivery Area : Political Ward

Estimated Coverage Population: 10,000 to 20,000

5.1 Minimum Infrastructure:

Building and Premises

- Minimum Land Area: 4,200 square metres
- Colour: Green
- A detached building of at least 13 rooms (see floor plan)
- Walls and roof must be in good condition with functional doors and netted windows
- Functional separate male and female toilet facilities with water supply within the premises
- Have a clean water source from a motorized borehole
- Be connected to the national grid and other regular alternative power source
- Have a sanitary waste collection point
- Have a waste disposal site
- Be clearly signposted – visible from both entry and exit points
- Be fenced with generator and gate houses
- Staff accommodation provided within the premises: 2 units of 1-bedroom flats

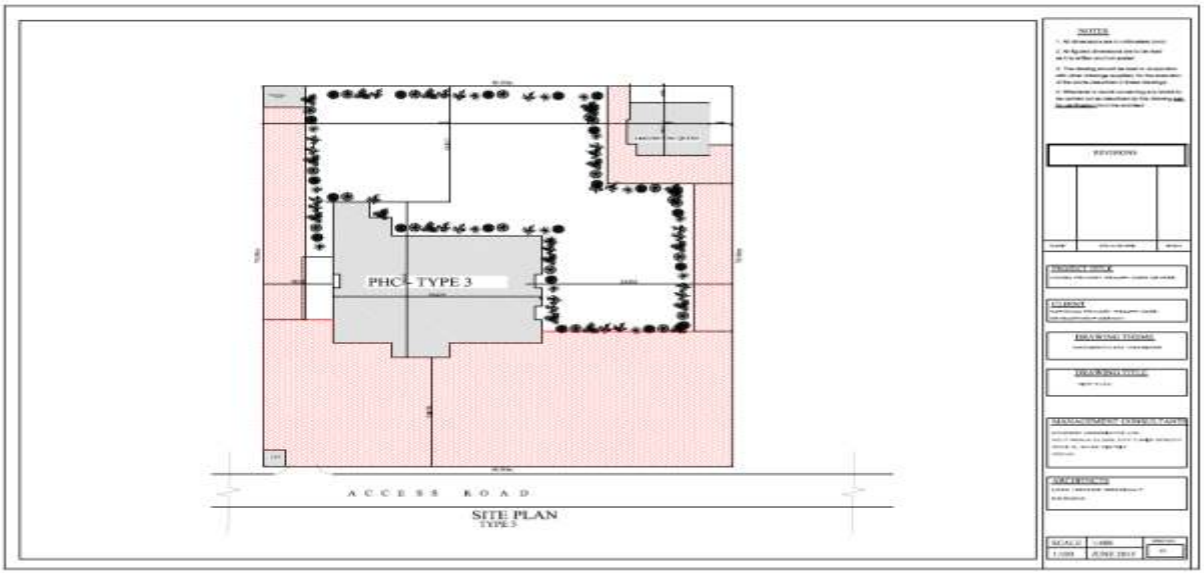
The building should have sufficient rooms and space to accommodate;

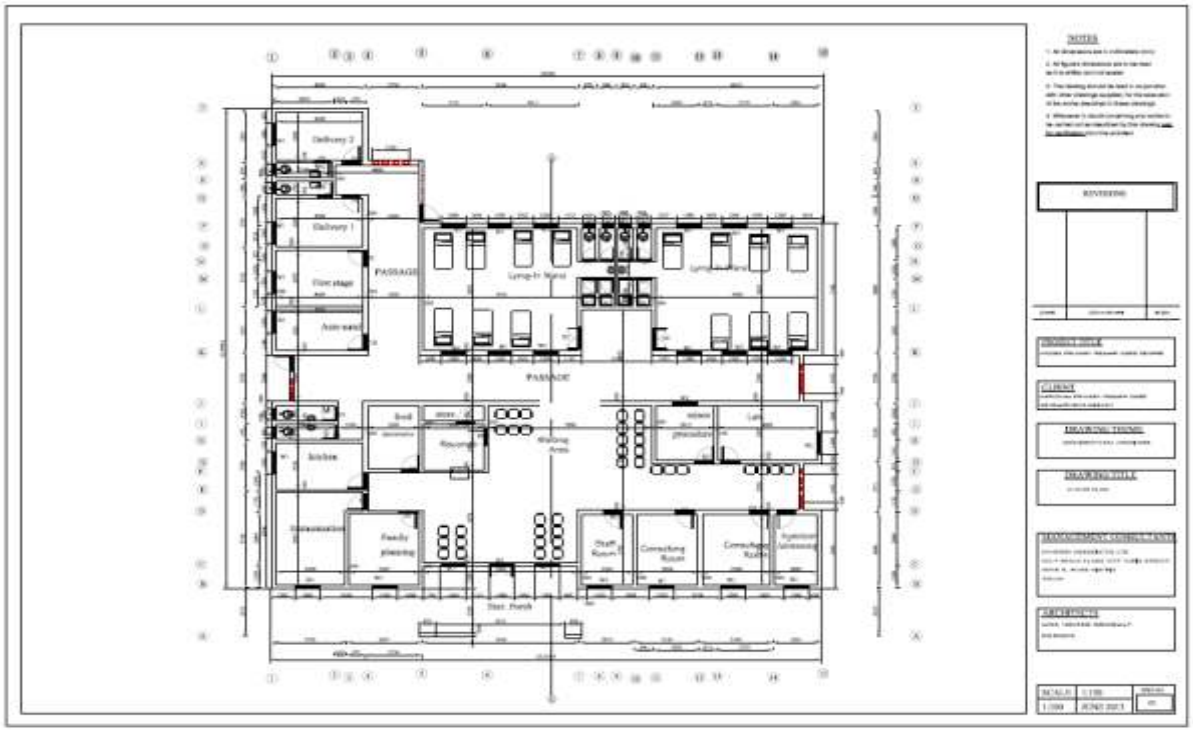
- Waiting/Reception areas for Child Welfare, ANC, Health Education and ORT corner
- Staff station
- 2 consulting rooms
- Adolescent health service room
- Pharmacy & Dispensing unit
- 2 delivery room
- Maternity/lying-in section
- In-patient ward section
- Laboratory
- Medical records area
- Injection/Dressing area

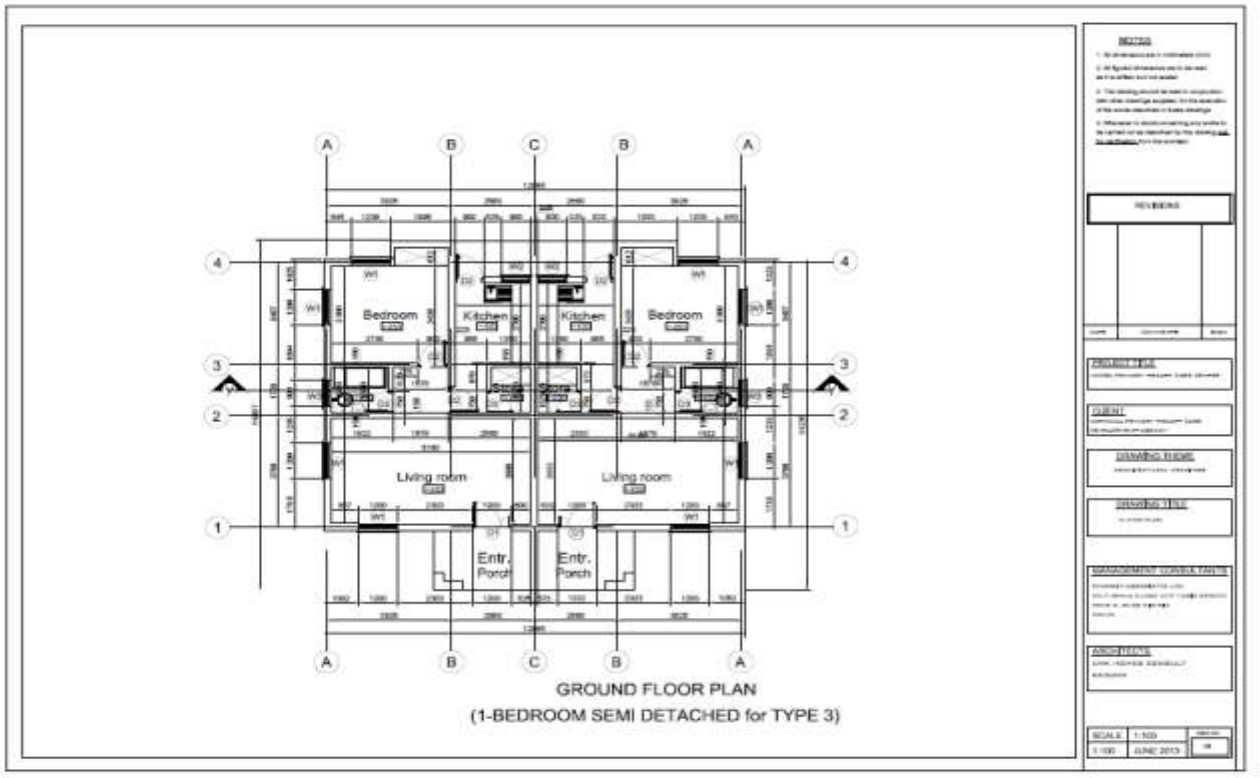
- o Minor procedures room
- o Food demonstration area
- o Kitchen
- o Store
- o Toilet facilities (Male and Female)

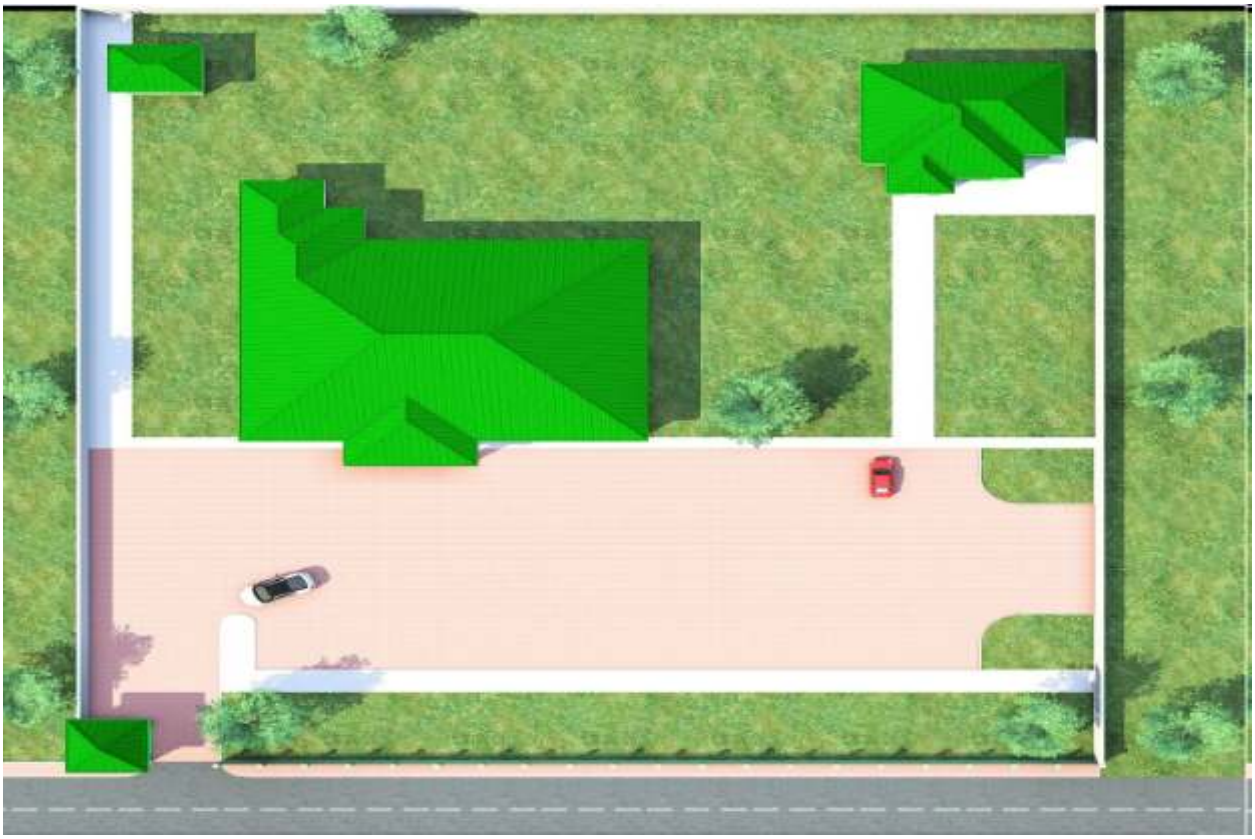
The premises should;

- Have a waste disposal site
- Be fenced and provided with staff quarters or accommodation within the community.
- Be connected to the national grid and provided with alternate power sources.






Bedroom
Kitchen
Kitchen
Bedroom
Living room
Living room
Entr. Porch
Entr. Porch
GROUND FLOOR PLAN
(1-BEDROOM SEMI DETACHED for TYPE 3)



5.2 Furnishing:

All furnishings as listed in the Basic Equipment List for Primary Health Care Facilities in Nigeria[28]; this is attached below:

5.3 Medical equipment:

As listed in the Basic Equipment List for Primary Health Care Facilities in Nigeria[28]; this is attached below:

S/N	Item description	Qty	S/N	Item Description	Qty
	FEMALE WARD			**INFANT AND CHILD WELFARE**	
1.	Angle poised lamp	1	1.	Basket with lid for ORS	2
2.	Artery forceps (Medium)	4	2.	Ceiling fan	1
3.	Bed pan (stainless steel)	2	3.	Plastic Chairs	2
4.	Bowls stainless steel with stand	2	4.	Stainless covered bowl for cotton wool	1
5.	Ceiling fan	2	5.	Dressing Trolley	1
6.	Plastic chair (President)	2	6.	Cup, medicine, graduated	4
7.	Stainless covered bowl for cotton wool	2	7.	Dust bin (pedal)	2
8.	Graduated medicine, cup	2	8.	Stainless Galipot (medium size)	1
9.	Dissecting forceps	2	9.	Table infant weighing scale (Seward)	3
10.	Dressing scissors	2	10.	Stainless instrument tray	1
11.	Dressing trolley	1	11.	Stainless kidney dish (medium size)	1
12.	Drinking mug	2	12.	Wooden long benches	1

S/N	Item description	Qty	S/N	Item Description	Qty
13.	Dust bin (Pedal)	2	13.	Plastic bowls	1
14.	Galipot (medium)	1	14.	Refrigerator, gas/kerosene	1
15.	Gloves, disposable pack of 100	2	15.	Spoon measure	3
16.	Hospital bed, mattress and Macintosh	6	16.	Wooden tables	2
17.	Stainless Instrument tray	1	17.	Thermometer, rectal	4
18.	Forceps Jar	1	18.	Tongue depressor	2
19.	Kerosene pressure lamp	1	19.	Vaccine cold box	5
20.	Kidney dishes (large)	4	20.	Length measure for babies	3
21.	Length measure for babies	1	21.	Bowls stainless steel with stand	1
22.	Long benches	1	22.	Wall clock	1
23.	Mercurial Sphygmomanometer (Acossons)	6	23.	Door name plate	1
				FIRST STAGE ROOM	
24.	Hand Breast Pump, rubber bulb	4	1.	Stainless bedpan	3
25.	Refrigerator (kerosene)	1	2.	Bowls stainless steel with stand	1
26.	Screen	1	3.	Ceiling fan	1
27.	Mackintosh sheet	1	4.	Plastic chairs	3
28.	Stethoscope (Littman)	1	5.	Stainless covered bowls for cotton wool	2
29.	Stitch removal/suture scissors	1	6.	Dressing trolley	1
30.	Writing Table	1	7.	Stainless steel drinking mug	2
31	Tape measure	1	8.	Pedal dust bin	1
32	Thermometer, oral	2	9.	Foetal stethoscope	1
33	Thermometer rectal	2	10.	Stainless galipot (medium)	1
34	Tongue depressor	2	11.	Latex gloves, disposable pack of 100	2
35	Vaginal speculum, Sims, set of 3	2	12.	Hospital bed, mattress and mackintosh	2
	LABOUR		13.	Mercurial Sphygmomanometer (Acossons)	1
1.	Artery forceps (Medium)	4			
2.	Bed pan, adult stainless steel	2	14.	Jar, forceps	2
3.	Stainless Bowls with stand	1	15.	Kerosene pressure lamp	1
4.	Ceiling fan	1	16.	Stainless kidney dish (median)	2
5.	Plastic Chairs (president)	1	17.	Mackintosh sheet	4
6.	Covered bowl for cotton wool	1	18.	Nail scrubbing brush, box of 12	1
7.	Delivery couch	2	19.	Stainless instrument tray with stand	1
8.	Dissecting forceps	1	20.	Sponge holding forceps	2
9.	Dressing trolley	1	21.	Stethoscope (Littman)	1
10.	Dust bin (Pedal)	1	22.	Office table	1
11.	Enema can	2	23.	Thermometer, oral	2
12.	Episiotomy scissors	2	24.	Tongue depressor	2
13.	Foetal stethoscope (Aluminium)	2	25.	Weighing scale (Seward)	1
14.	Stainless Galipot	1	26.	Chart holder	4
15.	Gloves, disposable pack, pack of 100	4	27.	Bedside cabinet	2
16.	Instrument tray	1	28.	Over-bed cabinet	2
17.	Forceps jar	1	29.	Thermometer jar	4
18.	Kerosene pressure lamp	1	30.	Soap/disinfectant dispenser	1
19.	Kidney dish	2	31	Urinal, female	2
20.	Length measure for babies	1	32	Drip stand	1
21.	Mackintosh sheet	2	33	Oro-pharyngeal airway (set of 7)	2
22.	Nail scrubbing brush, box of 12	1	34	Wall clock	1
23.	Needle holder	2	35	Door name plate	1
24.	Scalpel blade, pack of 100, 4 sizes	3		**ANTENATAL /INTERVIEW ROOM**	
			1.	Ceiling fan	2

S/N	Item description	Qty	S/N	Item Description	Qty
28.	Sponge holding forceps	4	5.	Examination couch	1
29.	Stethoscope (Littman)	1	6.	Foetal stethoscope	2
30.	Suture needle	1	7.	Stainless galipot (medium)	1
31	Syringes & Needles (100)2cc,	5	8.	Latex gloves, disposable pack of 100	20
32	Syringes & Needles (100) 5cc,	5	9.	Hammer, reflex	1
33	Syringes & Needles (100) 10cc,	1	10.	Height measuring stick	1
34	Thermometer, oral	1	11.	Wooden long benches	3
35	Vaginal speculum, Sims set of 3	2	12.	Mackintosh sheet	2
36	Wall clock	1	13.	Nail scrubbing brush, pack of 12	1
37	Water container with tap	1	14.	Pen torch	1
38	Screen	2	15.	Mercurial Sphygmomanometer (Acossons)	1
39	Soap/disinfectant dispenser	1	16.	Stethoscope	1
40	Scrub brush dispenser	1	17.	Tables	2
41	Nursery costs	1	18.	Thermometer, oral	2
42	Angle poised lamp	1	19.	Tongue depressor	6
43	Vacuum extractor, manual	1	20.	Soap/disinfectant dispenser	1
44	Suction pump	1	21.	Thermometer jar	1
45	Weighting scale, baby	1	22.	Angle poised lamp	1
46	Instrument cabinet	1	23.	Bowls stainless steel with stand	1
47	Tape measure	1	24.	Dressing trolley	1
48	Thermometer jar	1	25.	Urine dipstick for sugar and albumin, pack of 100	20
49	Urinary catheter	3	26.	ANC gowns for patients	50
50	Umbilical cord clamp, pack of 100	1	27.	Wall clock	1
51	Drip stand	2	28.	Door name plate	1
52	Suture kit	1		**NUTRITION**	
			1.	Spoon	10
53	Oro-pharyngeal airway, set of 7	1	2.	Stainless drinking mugs	10
54	Plastic apron	10	3.	Gas cylinders	2
55	[illegible]	1	4.	Knives	4
	LABORATORY		5.	Gas cookers	1
1.	Kidney dish (medium)	1			
2.	Box, microscope slide (x100)	1	6.	Weighing scale (Seward)	1
3.	Centrifuge, manual	1	7.	Blender and mill	2
4.	Clam, test tube	1	8.	Stainless tray	1
5.	Container, sputum screw capped	50	9.	Plates	10
6.	Container, sputum, snapped on lid	50	10.	Water container	4
7.	Microscope, binocular	1	11.	Bucket wit lid	4
8.	Refrigerator, kerosene	1	12.	Chopping board	2
9.	Scalpel handle	1	13.	Cooking spoons	6
10.	Slides rack	3	14.	Kerosene stove	2
11.	Spirit lamp	1	15.	Utility table	2
12.	Stop watch	1	16.	Cooking pot (A set of 6)	1
13.	Test tube rack	1		**STERILIZATION**	
			1.	Bucket autoclave	1
14.	Tray test tube	2	2.	Tape dispenser	1
15.	Tray test tube	2	3.	Scrub brush dispenser	1
16.	Waste receptacle	1	4.	Autoclave tape	1
17.	Microscope cover slides pack of 1000	1	5.	Storage cabinet	2
18.	Bunsen burner	1	6.	Sterilizing drums, set of 3	6
19.	Tripod stand	1	7.	Soap/disinfectant dispenser	1
20.	Wire gauze	1	8.	Nail scrubbing brush, pack of 12	1

S/N	Item description	Qty	S/N	Item Description	Qty
21.	Laboratory glass ware	1	9.	Wall clock	1
22.	Blood lancets, pack of 200	1	10.	Door name plate	1
23.	Tourniquet	1		**CLEANING AND UTILIZATION**	
			1.	Brooms	10
24	Urine dipstick (multistix)	10	2.	Mops	10
26	Stool specimen bottles, pack of 100	1	3.	Mop buckets	3
27	Urine specimen bottles, pack of 100	1	4.	Dusters	20
28	Wall Clock	1	5.	Buckets	10
29	Door name plate	1	6.	Aprons	10
30	Haemoglobinometer (sliding type)	1	7.	Wellington boots	3
	DRESSING/ INJECTION ROOMS		8.	Latex gloves	10
1.	Artery forceps (medium size)	2			
2.	Stainless Bowl with stand	1	9.	Kerosene pressure lamp	2
3.	Ceiling fan	2	10.	Hurricane lamp	4
4.	Plastic chairs	2	11.	Apron, utility	8
5.	Stainless covered bowl for cotton wool	1	12.	Flash light – 24 box batteries	4
6.	Dissecting forceps (medium)	2	13.	Nail scrubbing brush, pack of 12	1
7.	Dressing scissors	2	14.	Fire extinguishers	2
8.	Dust bin (pedal bin)	1	15.	Soap box	5
9.	Stainless Instrument tray	2		**LINEN STORE**	
			1.	Linen cupboard	2
10.	Latex gloves (size 71/2) pack of 100	1	2.	Pedal dust bin	1
11.	Stainless instrument tray	1	3.	Table	1
12.	Jar, forceps	1	4.	Plastic chair (President)	2
13.	Kidney dish (medium)	2	5.	Bed sheet	32
14.	Long benches	1	6.	Draw sheet	16
15.	Needle holder	2	7.	Pillow case	32
16.	Plastic bowls	1	8.	Bath towel	24
17.	Scalpel blade, pack of 100, 4 sizes	3	9.	Hand towel	24
18.	Scalpel handle	2	10.	Theatre gown	10
19.	Stainless catheter tray with cover	1	11.	Lithotomy leggings	10
20.	Spencer wells artery forceps	2	12.	Perineal sheet	1
21.	Small sterilizer	1	13.	Standing fan	1
22.	Sponge holding forceps	4	14.	Wall clock	1
23.	Mercurial Sphygmomanometer (Acossons)	1		**CONSULTING CUBICLE**	
			1.	Ceiling fan	2
24.	Stethoscope	1	2.	Plastic Chairs	3
25.	Stitch removal/suture	2	3.	Stainless covered bowl for cotton wool	2
26.	Stretcher trolley	2	4.	Dust bin	2
27.	Suture needles	1	5.	Examination couch	1
28.	Syringes & needles (100) 2cc,	5	6.	Hammer, reflex	1
29.	Syringes & needles (100) 5cc	5	7.	Height measuring stick	1
30.	Syringes & needles (100) 10cc	1	8.	Macintosh	2
31	Table	1	9.	Pen torch	1
32	Tape measure	1	10.	Mercurial Sphygmomanometer (Acossons)	1
33	Thermometer, oral	2	11.	Stethoscope	1
34	Thermometer, rectal	2	12.	Snellen's chart	1
35	Tongue depressor	4	13.	Tables	2
36	Scrub brush dispenser	2	14.	Thermometer, oral	2
37	Weighting scale, adult	1	15.	Tongue depressor	6

S/N	Item description	Qty	S/N	Item Description	Qty
38	Height measuring stick	1	16.	Weighing scale (child)	2
39	Stainless dressing trolley	2	17.	Bowls stainless steel with stand	1
40	Tourniquet	1	18.	Wall clock	1
41	Pen torch	1	19.	Diagnostic set	1
42	Instrument cabinet	2		**STAFF ROOM**	
			1.	Examination couch	1
43	Medicine cupboard	1	2.	Chair	5
44.	Wheel chair	1	3.	Table	5
45.	Angle poised lamp	2	4.	Dust bin	2
46.	Filling cabinet	1	5.	Filling cabinet	2
47.	Suction pump	1	6.	Standing fan	1
48	Filling cabinet	1	7.	Refrigerator, kerosene	1
49	Refrigerator, kerosene	1	8.	Wall clock	1
50	Tissue forceps	4		**RECORDS**	
			1.	Table	2
51	Dressing forceps	4	2.	Plastic chairs	2
52	Sterilizing forceps	4	3.	Safe (daily cash sales)	1
53	Bandage scissors	2	4.	Standing fan	2
54	Soap/disinfectant dispenser	2	5.	Dust bin	1
55	Examination couch	1	6.	Filling cabinet	2
56	Foot step	1	7.	Wall clock	1
57	Swivel stool	1		**MALE WARD**	
			1.	Angle poised lamp	1
58	Incision and Drainage kit	10	2.	Artery forceps (medium)	2
59	Suture kit	4	3.	Stainless bedpan	2
60	Stainless ear syringe	2	4.	Bowls stainless steel with stand	2
61	Wall clock	5	5.	Ceiling fan	2
	FAMILY PLANNING		6.	Mercurial Sphygmomanometer (Acossons)	6
1.	Ceiling fan	1			
2.	Plastic chairs (president)	2	7.	Covered bowl for cotton wool	2
3.	Stainless covered bowl for cotton wool	1	8.	Cup, medicine, graduated	2
4.	Dissecting forceps	1	9.	Dissecting forceps (medium)	2
5.	Stainless galipot (medium)	1	10.	Dressing scissors	2
6.	Gloves, disposable pack, box of 100	1	11.	Stainless drinking mug	2
7.	Instrument tray	1	12.	Pedal dust bin	2
8.	Stainless kidney dish (medium)	1	13.	Stainless galipot (medium)	2
9.	Mercurial Sphygmomanometer (Acossons)	1	14.	Latex glove, disposal pack of 100	2
10.	Small size sterilizer	1	15.	Hospital, mattress and mackintosh	6
11.	Syringes & needles	100	16.	Stainless instrument tray	1
12.	Table	1	17.	Jar forceps	1
13.	Thermometer, oral	1	18.	Kerosene pressure lamp	1
16.	Swivel stool	1	19.	Kidney dishes (medium)	4
17.	Foot step	1	20.	Length measure for babies	1
18.	Screen	1	21.	Mackintosh sheet	6
19.	Stethoscope (Littman)	1	22.	Nursery cots	4
20.	Angle poised lamp	1	23.	Pump, breast, hand rubber bulb	2
21.	IUD Kit	1	24.	Refrigerator	1
22.	Pedal bin	1	25.	Screen	1
23.	Thermometer jar	1	26.	Plastic chairs	1
24.	Bowls stainless steel with stand	1	27.	Spoon, measure	2

S/N	Item description	Qty	S/N	Item Description	Qty
25.	Stainless instrument trolley	1	28.	Standing fan	1
26.	Gynae couch	1	29.	Littman stethoscope	1
27.	Auvards speculum	1	30.	Stitch removal/suture scissors	1
28.	Tenaculum forceps	1	31	Syringes & needles (100) 2cc,	5
29.	Kick about	1	32	5cc	5
30.	Wall clock	1	33	10cc	1
31	Door name plate	1	34	Tables	1
	OTHERS		35	Tape measure	1
1.	Communication facility; e.g. mobile phone or radio	1	36	Thermometer, oral	2
2.	Motorcycle	1	37	Thermometer, rectal	2
3.	Bicycle	6	38	Tongue depressor	2
4.	Solar Refrigerator	1	39	Tourniquet	1
			40	Vaginal speculum, Sims, set of 3	2
			41	Weighing scale	1

5.4 Personnel:

Medical officer if available - 1
CHO (must work with standing order) - 1
Nurse/midwife - 4
CHEW (must work with standing order) - 3
Pharmacy technician - 1
JCHEW (must work with standing order) - 6
Environmental Officer - 1
Medical records officer - 1
Laboratory technician - 1

Support staff
Health Attendant/Assistant - 2
Security personnel - 2
General maintenance staff - 1

5.5 Services:

Table5: Type of Service and Providers

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDER								
		CHO	N/M	CHEW	JCHEW	P/Tech	MR	EHO	MO	LT
	A. HEALTH EDUCATION AND PROMOTION									
1	On prevailing health issues, problems and prevention	X	X	X	X			X	X	
2	Adaptation I.E.C/BCC materials	X	X	X	X			X	X	
3	Community Mobilisation for Health	X	X	X	X			X	X	
	B. HEALTH MANAGEMENT INFORMATION SYSTEM									
4	All data collected should be sent to the health facility staff to collect, collate and analyse.	X	X						X	
	C. ROUTINE HOME VISITS AND COMMUNITY OUTREACH									
5	This services will be conducted in the health centre and in the communities	X	X	X	X		X		X	
	D. MATERNAL NEWBORN & CHILD CARE									
6	Identification of pregnant women	X	X	X	X		X		X	
7	Antenatal Care	X	X	X	X				X	
8	Delivery		X						X	
9	Basic Emergency Obstetric care (manual removal of placental, PPH etc)		X						X	
10	Post natal care	X	X	X	X				X	
11	Promotion of Exclusive Breast Feeding	X	X	X	X				X	
12	Care of the Newborn, clean delivery, c ord care, male circumcision	X	X	X	X				X	
13	Newborn Resuscitation	X	X	X					X	
14	Growth monitoring	X	X	X	X				X	
15	Support for complementary feeding	X	X	X	X				X	
16	Support for Weaning	X	X	X	X				X	
	E. FAMILY PLANNING									
17	Counselling and motivation for FP	X	X	X	X				X	
18	Dispensing of male and female Condoms	X	X	X	X				X	
19	Dispensing of contraceptives	X	X	X	X				X	
20	Dispensing Injectables	X	X						X	
21	Insertion of I.U.C.D	X	X						X	
	F. PROMOTION OF PROPER NUTRITION AND FOOD EDUCATION									
22	Identification of locally available food stuff	X	X	X	X				X	
23	Home, School and Communal Gardening	X	X	X	X			X	X	
24	Nutritional Education, including food hygiene,	X	X	X	X				X	

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDER								
		CHO	N/M	CHEW	JCHEW	P/Tech	MR	EHO	MO	LT
25	Screening for nutrition related problems (PEM, Anaemia, Goitre)	X	X	X	X				X	
26	Nutrition assessment e.g. mid–upper arm circumference and identification of Malnutrition in children and adults	X	X	X	X				X	
27	Food demonstration	X	X	X	X				X	
	G. IMMUNIZATION									
28	Identification of eligible pregnant women and children	X	X	X	X		X		X	
29	Provision of routine immunisation, TT, BCG, OPV, DPT, YF, MV etc.	X	X	X	X				X	
30	Participation in immunisation campaigns	X	X	X	X		X		X	
31	Immunization trend follow up	X	X	X	X		X		X	
32	Assist in the provision of routine immunization	X	X	X	X		X		X	
33	Assist in the management of Adverse Effect following Immunization.	X	X	X	X		X		X	
34	Assist in the identification of Acute Flaccid Paralysis (AFP)	X	X	X	X		X		X	X
	H. HIV/AIDS									
35	Voluntary Counselling and Testing (Trained Personnel only and Lab Personnel)	X	X	X					X	X
36	Follow-up care for PLWA	X	X	X	X				X	
37	Treatment of opportunistic infections	X	X						X	
38	Community/home based care and support	X	X	X	X				X	
	I. TUBERCULOSIS									
39	Preliminary diagnosis	X		X	X				X	X
40	Case tracing	X		X	X		X		X	
41	Case management (For TB Centres)	X		X		X			X	
	J. MALARIA									
42	ITNs	X	X	X	X	X	X	X	X	
43	IPT for pregnant women		X						X	
44	Treatment for children	X	X	X	X				X	
	K. CURATIVE CARE									
45	Diarrhoea	X	X	X	X				X	
46	Respiratory Infections	X	X	X	X				X	
47	Skin diseases	X	X	X					X	
48	Anaemia	X	X	X	X				X	
49	Minor Accidents	X	X	X	X				X	
50	Worm Infestation	X	X	X	X				X	
51	Measles	X	X	X	X				X	
52	Neonatal Tetanus	X	X						X	
53	Whooping cough	X	X	X					X	

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDER								
		CHO	N/M	CHEW	JCHEW	P/Tech	MR	EHO	MO	LT
54	STI	X	X	X	X				X	
55	***All conditions as listed in the Standing Order for the Cadre of Staff***	X	X	X	X	X	X	X	X	X
	L. ESSENTIAL DRUGS									
56	Stock management	X				X				
57	Replenishment of drug stock from LGA and distribution to lower levels			X	X	X				
58	Dispensing of drugs	X	X			X			X	
	M. WATER AND SANITATION									
59	Promotion of personal and community hygiene	X	X	X	X			X	X	
60	Advising and training community on potable water and protection of water source	X	X	X	X			X	X	
61	Pest control services	X	X	X	X			X	X	
62	Advice and training on safe excreta disposal	X	X	X	X			X	X	
63	Advice and training on safe refuse disposal	X	X	X	X			X	X	
	N. ORAL HEALTH									
64	Advice on care of the mouth and teeth	X	X	X	X				X	
65	Treatment of mild oral /dental conditions	X	X	X					X	
	O. COMMUNITY MENTAL HEALTH									
66	Mental Health Education	X	X							
67	Advice and Counselling on prevention of drugs and substance abuse	X	X	X	X				X	
68	Early identification of mental health disorder	X	X						X	
	P. REFERRALS									
69	Counselling and motivation for referral	X	X						X	
70	Effecting referrals for all cases above the level and following up (2-way referral)	X	X	X	X				X	
71	Mobilising support as required from the community (VDC/WDC) to effect referrals	X	X	X	X				X	
	Q. MAINTENANCE OF PHC RECORDS									
72	House numbering (as appropriate) and issuance of child and adult health cards			X	X		X			
73	Community census and at risk registration			X	X		X		X	
74	Completion of cards; routine and notifiable disease forms, HMIS register and summary forms	X	X	X	X	X	X	X	X	
75	Basic data analysis &	X	X						X	

S/N	TYPE OF SERVICE	RECOMMENDED PROVIDER								
		CHO	N/M	CHEW	JCHEW	P/Tech	MR	EHO	MO	LT
76	Collection of community based statistics on demography and health events including births and deaths	X	X	X	X		X		X	
R.	**MONITORING**									
76	Will be done by Primary Health Centre staff who should be at least 1 level higher than that at the Health clinic.	X	X	X		X	X	X	X	
S.	**SUPERVISION**									
77	Will be done by Primary Health Centre Staff who should be at least one level higher than that at the Health Clinic.	X	X	X	X				X	
T.	**WASTE DISPOSAL**									
78	Use of safety boxes and colour coded bins based on WHO standards recommendations	X	X	X	X	X	X	X	X	X
79	At least 'Burn and bury'	X	X	X	X	X	X	X	X	X
U.	**OTHERS**									
80	Provision of DOTs treatment and support for TB, Malaria and Leprosy	X	X	X					X	
V.	**ADOLESCENT HEALTH**									
81	Counselling and support	X	X	X					X	
82	Treatment of ailments	X	X	X					X	
W.	**BASIC LABORATORY SERVICES**									
83	Must provide all services									X

5.6 Hours of operation:

24hrs (Twenty-four hours)

5.7 Essential drugs:

The complete Essential Drug List[12] attached below is to be utilised at this level

THE PRIMARY HEALTH CARE ESSENTIAL DRUG LIST FOR PRIMARY HEALTH CENTRES (I)

Group		Formulation
ANAESTHETICS, LOCAL		
Lidocaine injection	-	Topical,
ANALGESICS		
Acetylsalicylic Acid*	-	Tablet
*Not for children		
Paracetamol	-	Oral liquid, tablet
ANTI-ALLERGICS		
Chlorphenamine	-	Oral liquid, tablet
Epinephrine (Adrenaline)	-	Injection
Promethazine	-	Tablet, oral liquid
ANTICONVULSANTS		
Diazepam	-	Injection
Paraldehyde**	-	Injection
Phenobarbital	-	Tablet
ANTIDOTES		
Atropine	-	Injection
Charcoal (activated)	-	Powder
ANTI-INFECTIVE DRUGS		
Antibacterial drugs		
Amoxicillin	-	Capsule
Benzathine Penicillin	-	Injection
Benzylpenicillin	-	Injection
Co-trimoxazole	-	Tablet, oral liquid
Erythromycin	-	Tablet
Gentamicin	-	Injection
Nitrofurantoin	-	Tablet
Phenoxymethylpenicillin	-	Tablet
Streptomycin	-	Injection
Tetracycline*	-	Capsule
*Not recommended for children and pregnant women		
Antileprosy drugs		
Clofazimine	-	Capsule
Dapsone	-	Tablet
Rifampicin	-	Capsule or tablet
Amoebicide		
Metronidazole	-	Tablet
Anthelmintics		
Mebendazole	-	Tablet
Praziquantel	-	Table
Pyrantel	-	Oral liquid, tablet
** Marked for deletion		
Antifilarial		
Diethylcarbamazine	-	Tablet
Antimalarials		
Artemether + lumefantrine	-	Oral liquid, tablet
Artesunate	-	Suppositories
Artesunate + amodiaquine	-	Tablet
Quinine	-	Injection*
*Intramuscular, for pre-referral treatment only		
Pyrimethamine + sulfadoxine	-	Tablet, oral liquid

THE PRIMARY HEALTH CARE ESSENTIAL DRUG LIST FOR PRIMARY HEALTH CENTRES (II)

Group		Formulation
Anti-tuberculosis drugs		
Ethambutol	-	Tablet
Isoniazid	-	Tablet
Pyrazinamide	-	Tablet
Rifampicin	-	Capsule, tablet
ANTISEPTICS AND DISINFECTANTS		
Benzoin tincture	-	Compound
Chlorhexidine	-	Solution
Iodine	-	Solution
Methylated spirit	-	Solution
Sodium hypochlorite	-	Solution
DERMATOLOGICAL DRUGS		
Benzoic acid+salicylic acid (Whitfield's)	-	Ointment
Benzoyl peroxide	-	Cream or gel
Benzyl benzoate	-	Emulsion
Calamine	-	Lotion
Gentamicin	-	Ointment
Methyl salicylate	–	Ointment
Neomycin+Bacitracin	-	Ointment, powder
Nystatin	-	Ointment, cream
Zinc oxide	-	Ointment
DRUGS AFFECTING THE BLOOD		
Ferrous salts	-	Oral liquid, tablet
Folic acid	-	Tablet
DIAGNOSTIC AGENT		
Tuberculin	-	Injection, PPD
DRESSINGS AND MEDICAL DEVICES		
Absorbent gauze bandages		
Cotton wool (absorbent)		
Disposable gloves,		
Disposable syringes (19, 21 Gauge)	-	5 mL with needles
Disposable syringes (19, 21 Gauge)	-	2 mL with needles
EAR, NOSE AND THROAT DRUGS		
Chloramphenicol	-	Ear drops
GASTRO-INTESTINAL DRUGS		
Hydrocortisone + lidocaine	-	Suppository
Hyoscine N-butylbromide	-	Tablet
Magnesium Sulphate	-	Injection
Magnesium trisilicate	-	Compound tablet, oral liquid
Misoprostol	-	Tablets
Oral Rehydration Salts		
Senna	-	Tablet
Zinc	-	Oral liquid, tablet
HORMONES AND SYNTHETIC SUBSTITUTES		
Barrier methods	-	Condoms with or
without spermicide		
Oral contraceptives	-	Tablet

Essential Medicines List (Fifth Revision 2010

THE PRIMARY HEALTH CARE ESSENTIAL DRUG LIST FOR PRIMARY HEALTH CENTRES (III)

Group		Formulation
Poliomyelitis vaccine	-	Oral liquid
Rabies immunoglobulin	-	Injection
Tetanus vaccine	-	Injection
OPHTHALMOLOGICAL DRUGS		
Chloramphenicol	-	Eye drops, ointment
Chlortetracycline	-	Eye ointment
OXYTOCIC		
Oxytocine	-	
Ergometrine	-	Tablet, injection
PSYCHOTHERAPEUTIC DRUG		
Chlorpromazine	-	Injection
RESPIRATORY DRUGS		
Beclomethasone	-	Inhaler
Salbutamol	-	Tablet, inhaler
VITAMINS AND MINERALS		
Ascorbic Acid (vitamin C)	-	Tablet
Calcium gluconate	-	Injection
Calcium salts	-	Tablet
Folic acid	-	Tablet
Vitamin A	-	Capsule
MISCELLANEOUS		
Water for injection	-	Injection
Spatulas		

Essential Medicines List (Fifth Revision 2010

5.8 Other Requirements

- Ambulance Vehicle (1)
- Bicycle (1)
- Communication facility; Mobile phone or Communication Radio (1)
- Computer (2)
- Internet services
- Motorcycle (1)
- Small motor boat for riverine area (1)

5.9 Managerial System

Ward Development Committee (WDC) co-managing with health workers and LGA PHC department.

Details of the various Development Committees can be found in the chapter 9

CHAPTER 6

LOCAL GOVERNMENT AREAS AND STATES

6.1 Managerial System for PHC at LGA Level

The LGA PHC department through its PHC Technical Committee would manage the PHC delivery system in the LGA alongside the LGA PHC Management Committee. (Details of the various Development Committees can be found in the annex)

6.2 Manpower for LGA PHCC Department:

The PHC department should be headed by a PHC Coordinator/Director who should be a medical officer of health; in the absence of which it should be headed by a Nurse-Midwife or CHO.

The PHC Coordinator/ Director should be assisted by suitable qualified officers with the relevant qualification, six (6) deputies/programme officers heading the following units:

- Maternal Newborn and Child Health
- Communicable Disease control
- Logistics and Drug Revolving Funds
- Monitoring and Evaluation
- Health Education and Community Mobilisation/Social Welfare
- Environmental Health and Sanitation (it is understood that in some states this unit is being) pooled under the Ministry of Environment

6.3 Infrastructure for LGA PHC Department:

- Adequate office accommodation for all units within the LGA Secretariat
- Drug store
- Dry store with cold Chain section
- Adequate Furnishing

6.4 Logistical Needs for LGA PHC Department:

- 4 – wheel drive vehicle for monitoring, supervision and supplying of commodities (2)
- Motor Boat if appropriate to location (2)
- Functional and Manned (Paramedic) Motor or Boat Ambulance with life support equipment (2)
- GSM phones and operation radio units
- Computer units with printers (3)

- Alternate power supply i.e. solar or generator

6.5 Minimum Standard For PHC at State Level:

It is expected that State would progress towards the establishment of State Primary Health Care Development Agency in line with the Health Act.

The State Agencies would be directly responsible for supporting, supervising and PHC development and implementation within all LGAs in the State.

CHAPTER 7

GUIDELINES FOR EMERGING PHC SERVICES

7.1 Mental Health in PHC

Goal

Reduction of incidence rate of mental disorder within the communities

Strategies

(a) Reducing community-wide harmful influences; e.g. health promotion, legislation;

(b) Cognitive and emotional health (mental hygiene) education;

(c) Provision of services to help people at times of crises;

(d) Early and prompt crisis intervention strategies

(e) Community based rehabilitation programmes.

Personnel

I. The Primary Health Care Service Personnel

(i) A general duty doctor whose job is to see all patients and diagnose and treat mental health illness where possible or refer cases as may be necessary.

(ii) A nurse/midwife CHO; where possible, preferably one who has psychiatric training in addition to general duty nurse to assist in educating and counselling patients.

(iii) A social worker, CHEW (community health extension worker), JCHEW (Junior Community Health Extension Worker) or CORPS (Community Resource Persons) to counsel patients

(iv) A trained caregiver to give necessary care and to make home visits and follow-up of cases.

II. Other Community Health Personnel (as may be available)

- Public Health Nurses
- Medical Social Workers
- The Health Educator

Location or Base

a. The community

b. Primary Health Care Centres

7.2 Primary Oral/Dental Health

Preamble

Oral health care is an essential part of Health Care and to this end it has to be integrated into health care delivery at every level. At PHC level, the under listed are the basic minimum that must exist in order to realize the objectives of bringing comprehensive health care to the people.

Facilities

- Designated room or screened off space
- Dental Chair (Locally made dental chair is optional)
- Instrument for sterilization
- Instrument for oral examination
- Instrument for scaling and polishing
- Current Standing Orders (manual)
- IEC materials for dental health

Consumables:

- Consumables for sterilization
- Drugs –Analgesics Antibiotics/Vitamins/Dressings, dental fillings
- Face masks, wooden spatula, cotton-wool
- Personnel

Personnel:

I. The Primary Health Care Service Personnel

(i) A general duty doctor whose job is to see all patients and diagnose and treat dental health problems where possible or refer cases as may be necessary.

(ii) A nurse/midwife CHO; where possible, preferably one who has been trained in dental health

(iii) A CHEW (community health extension worker), JCHEW (Junior Community Health Extension Worker) or CORPS (Community Resource Persons) to counsel patients

II. Other Community Health Personnel (as may be available)

- Dental Health Technician
- Dental Nurse
- The Health Educator

Location or Base

a. The community

b. Primary Health Care Centres

7.3 Primary Care of the elderly (Geriatric unit)

The component of a geriatric unit in a PHC centre should comprise infrastructure, equipment and human resources.

I. Infrastructure

These should comprise at least 2 rooms, first to serve as consulting room, the second a waiting cum recreational room. A functioning laboratory will be helpful.

II. Equipment

i. The consulting room should have a table, two chairs, one for the doctor and the other for the patient. Other items are, a mercury sphygmomanometer, stethoscope (Littmann), X-ray viewing box, weighing scales, angel poise lamp, a screen, examination couch, a thermometer, a diagnostic set forceps, galipots, kidney dishes, foley's catheter, steam sterilizer etc.

ii. The waiting room/Recreational room should have some easy chairs and low tables for game. These include a television set, video set, educational and medical video films, Journals and health educational materials; Ludo, playing cards, scrabble, monopoly etc; a stationary bicycle for exercise will be of great importance

iii. A small laboratory, functional quick diagnosis like FBS, urinalysis etc. There should be a microscope centrifuge, test tubes and racks; Chemicals and reagents

III. Human Resources

(i) A general duty doctor whose job is to see all patients and diagnose the age-related illness should treat where possible or refer cases to different consultants as may be necessary

(ii) A nurse/midwife CHO: preferably that who has psychiatric training in addition to general duty nurse to assist in educating and counselling patients.

(iii) A social worker or CHEW (community health extension workers) to counsel patients

(iv) A trained caregiver to give necessary care and to make home visits and follow-up of cases

Location or Base

a. The community

b. Primary Health Care Centres

7.4 Care of the Handicapped in PHC

A handicap is any continuing disability in the body, intellect, or personality which is likely to interfere with individual' normal growth and development and at times hampers his/her capacity to learn.

Strategies

Village/Ward Levels

The Community Health Worker should:

- Define the term "handicap"
- Recognize types of handicap in his or her community such as:
  - Blind
  - Deaf
  - Mentally retarded
  - Learning disabled
  - Emotionally disturbed
  - Mentally disordered
  - Chronic disease (sickle cell, AIDS, cancer, G6PD deficiency, diabetes, heart condition)
  - Destitute and socially handicapped;
- Identify the major causes of handicap in his or her community such as:
  - Genetic disorders (hereditary e.g. sickle cell diseases etc)
  - Congenital malformations e.g. German measles as a prenatal infection etc.
  - Infection e.g. measles, tuberculosis of the spine etc.
  - Trauma/injury (e.g. head injury)
  - Poisoning
  - Malnutrition; Iodine Deficiency Disorder in pregnant women, Protein Energy Malnutrition (kwashiokor or marasmus)
  - Maternal antibodies
  - maternal toxaemia (e.g. prematurity)
  - venereal diseases

7.5 Control of Non Communicable Disease

The role of PHC would focus more on prevention of Non communicable disease and its complications through routine screenings at the Primary Health Centres and Clinics. Target diseases include Diabetes Mellitus, High Blood Pressure, Sickle Cell Anaemia, some congenital disorders etc.

Infrastructure and Equipment and Personnel

Guidelines for infrastructure, equipment and personnel are as already detailed for the Primary Health Clinic and Primary Health Care Centre. Additional training may be required for the PHC personnel.

CHAPTER 8

PHC SUPPORT SYSTEMS

TThree aspects of support for the PHC system where standards need to be established are funding, referral and submitting of routine data using the Health Management Information System (HMIS). Criteria have also been established for effective Monitoring, Supportive Supervision and checklist administration.

8.1 Funding

Responsibility for funding the PHC system lies with the LGAs with support from the State. The Federal level will provide further support in the form of technical support and capacity building.

8.2 Referral System

I. Development of criteria for referral of patients

Guidelines/criteria need to be developed on the common conditions that cause disabilities, morbidity and mortality. According to FMOH (1990)[29] patients to be referred are those with conditions not covered by standing orders, not responding to treatment within specified time in the standing orders, rapidly getting worse, and conditions one is in doubt of. Conditions that could call for referral include emergencies, maternal conditions and common ailments. Every PHC worker at the health centre level should be familiar with the value and effective use of standing orders.

II. Specific information that should accompany patient to and from the hospital

The standard 2 way referral form that has been developed by FMOH/NPHCDA should be made available and used in all health facilities.

Every health worker at the Primary Health Centre level should be familiar with the value and use of Standing Orders[30].

III. Training programme for health workers on I and II above

Health workers at the secondary and primary health care levels need to be trained separately and together.

Separate training will assist workers at different levels to recognize their specific roles in referral and how to carry these roles out. Joint training will help health workers to discuss expectations of/by different levels and build positive interactive relationships.

IV. Standards on Referral System

- All cases that require referral services must be referred
- All PHC staff should be trained on referral system

- Enabling environment including provision of basic referral tools – forms, transportation services should be available.
- Referral should be 2-way

8.3 Submission of HMIS Data

All health facilities are to submit hard copies of routine data to LGA M & E officers for entry into the DHIS2 platform on a monthly basis, while LGAs are to submit to States quarterly.

8.4 Monitoring and Supervision

This is to be implemented using the M & E Framework and standardized checklists.

CHAPTER 9

MANAGERIAL SYSTEMS

9.1 Managerial Systems for Health Posts

This will be done by the Village Development Committee (Community Development Committee) co-managing with the supervising health worker and by extension the LGA.

9.1.1 Community/Village Development Committee

a) Composition

- A respectable person elected by the committee members as Chairman.
- An elected literate member of Village/Community residing in the community, shall serve as Secretary
- Representative of religious groups
- Representative of women's groups/associations
- Representative of occupational/professional groups
- Representative of NGOs
- Representative of VHWs/TBAs
- Representative of the disabled
- Representative of Youths
- Representative of Traditional Healers
- Representative of patent medicine dealers
- Officer in Charge of Health Facility

A trusted member of the Committee will serve as Treasurer

b) Roles and responsibilities of the VDC/CDC

The committee shall:

- Identify health and health related needs in the village/community
- Plan for the health and welfare of the community
- Identify available resources (human and material) within the community and allocate as appropriate to PHC programmes
- Supervise the implementation of PHC work plan
- Monitor and evaluate the progress and impacts of the implementation of health activities
- Mobilize and stimulate active community involvement in the implementation of developed health plans

- Determine exemptions for drug payment and deferment; but provide funds for the exemptions/deferments
- Determine the pricing of drugs to allow for financing of other PHC activities
- Supervise all account books, (Monies at hand should be deposited in a bank within 24 hours or 72 hours at weekends)
- Supervise and monitor quantity of drug supply
- Select appropriate persons within the community to be trained as Village Health Workers (VHWs/TBA) for PHC, AIDS/STD and other programmes
- Supervise the activities of the Village Health Workers and Traditional Birth Attendants including review of monthly record of work
- Remunerate in cash or kind, the Village Health Worker for his/her work in the community
- Agree with the Village Health Worker the number of hours he/she should work per day
- Establish a village health post, where there is none already
- Ensure that VHW/TBA Kits are stocked to top-up level for drugs
- Liaise with other officials living in the village to provide health care and other development activities
- Provide necessary support to VHW for the provision of health care services
- Forward local community health plan to ward level
- Provide feedback to their community on their activities regularly (at least quarterly)

c) Operational Guidelines

In following the above terms of reference, the committee shall:

- Meet once every month
- Record minutes of meetings
- Minutes of meetings shall be signed by the Chairman and Secretary after adoption at subsequent meetings
- Comply with the quorum set for starting meetings
- The Treasurer should record and keep all monies
- The Treasurer should record all expenditures
- Where there is a Bank Account, signatories will be the Committee Chairman and Treasurer, and if necessary the Secretary
- Send minutes of meetings to Wards Development Committee

9.2 Managerial System for Primary Health Clinic

Village Development Committee (Community Development Committee) co-managing with the supervising health worker and by extension the LGA. (As in Community Health Post)

9.3 Managerial System for a Primary Health Centre at Ward level

Ward Development Committee (WDC) co-managing with health workers and LGA PHC department.

9.3.1 Ward Development Committees

a) Composition of the Ward Development Committee

- Members shall elect the head of the committee (Chairperson)
- Ward head Autonomous Clan head (Patron), but where no such person exists, the most respectable village head or any other person so elected may serve as Committee Patron
- The WDC consist of representative from each VDC in the village
- The members will select the secretary of the committee
- The Wards Community Development Officer, if available
- The committee can where necessary co-opt members of health related sector such as Secondary School Principals and Primary School Headmasters, Agric-Extension Workers PHCN/Water Works Staff, NGOs
- At least 40% of membership will be women; and they should be given effective post
- Head of health facilities in the area

b) Roles and Responsibilities

The Ward Committee will:

- Identify health and social needs and plan for them
- Supervise the implementation of developed work plans
- Identify local human and material resources to meet these needs
- Forward all health/community development plans (village, facility and Wards levels to LGA)
- Mobilize and stimulate active involvement of prominent and other local people in the planning, implementation, and evaluation of projects
- Take active role in the supervision and monitoring of the Wards Drug Revolving Fund
- Raise funds for community programmes when necessary at village, facilities and Wards levels
- Provide feedback to the rest of the community on how funds raised are disbursed
- Liaise with government and other voluntary agencies in finding solution to health, social and other related problems in the Wards
- Supervise the activities of the VHWs/TBAs, CHEWS
- Monitor activities at both the health facilities in the Wards

- Provide necessary support to VHWs/TBAs
- Ensure that a Bank account is opened with a reliable bank. The signatories will be as given by the NPHCDA guidelines on the Ward Health Systems document

c) Operational Guidelines

The Committee shall:

- Meet monthly
- Record minutes of meetings
- Recommend that minutes of meetings be signed by the Chairman and Secretary after approval at the next meeting
- Monitor drug revolving at the Ward/Facility level
- Ensure that NHMIS forms are correctly filled and submitted on time
- Give feedback of data collected at LGA PHC Management Development Committee meetings
- Comply with the quorum of members set for starting the meeting
- Authorize the Treasurer to record and keep all monies
- Authorize the Treasurer to spend money only after approval by Committee
- Instruct the Treasurer to record all expenditure
- Chose where applicable, the ward referral centre to serve as the meeting venue and Secretariat of the Ward Development Committee
- Advise, where there is a Bank Account, signatories to be the Committee Chairman and Treasurer, and if necessary, the Secretary
- Send minutes of meetings to Local

9.4 Managerial System For PHC At LGA Level

The LGA PHC department through its PHC Technical Committee would manage the PHC delivery system in the LGA alongside the LGA PHC Management Committee.

9.4.1 LGA PHC Management Committee

a) Composition of the LGA PHC Management Committee

- The Chairman of the LGA (chairman)
- Supervisory Councillor for Health (member)
- The LGA Secretary
- LGA PHC Coordinator (Secretary)
- A representative of CHO Training Institutions
- Principal of School of Health Technology
- Representative of health-related occupational groups/associations
- The Chief (or most senior) Community Health Officer in the LGA

- The Community Development Officer for the LGA
- The Medical Officer in-charge of referral the secondary health facility
- Chairman of Ward Development Committees
- Ward Councillors
- Representatives of International Organizations having PHC Programmes in the LGA
- Heads of other health-related departments in the LGA (Education, Agriculture, Works, etc)
- Representatives of NGOs
- Representatives of Women/Youth Groups
- Representative of Religious Groups
- Representative of Private Health Practitioners in the LGA
- Representative of Health Related Departments (Agriculture, Education, Works)

b) Terms of Reference

The Terms of Reference of the LGA PHC Management Development Committee shall be to:

- Meet quarterly
- Provide overall direction and enabling environment for integrated PHC service delivery, including endemic, communicable diseases (HIV/AIDS/STD, TB, Malaria, Onchocerciasis, etc.)
- Plan and manage PHC Services in the LGA
- Health Manpower development for the LGA
- Provide the Operational Guideline for the LGA
- Resource mobilisation for PHC

c) Composition of Local Government Area PHC Technical Committee

- LGA PHC Coordinator – Chairman
- All Assistant PHC Coordinators
- Program Managers in the LGA

d) Roles and Responsibilities

- plan and budget for implementation of activities of PHC department and present same to the LGA PHC Management Development Committee
- identify training needs for Health Workers and make proposals to the LGA PHC Management Development Committee
- Design minimum acceptable performance standard for monitoring LGA PHC Services and develop monitoring indicators
- Monitor activities of health workers

- Design supervisory checklist for LGA PHC services
- Identify health related needs of communities within the Local Government Areas
- Plan for mobilization of local and external resources to enhance PHC activities
- Provide feedback to committees at all levels
- Monitor drug revolving fund for the health services at the LGA level
- Discuss PHCMIS report and take appropriate action
- Give feedback of data collected at LGA PHC Management Committee meeting/facility staff/community
- Review progress of PHC in the LGA and evaluate their indicators

e) Operational Guidelines

In carrying out the above functions, the committee shall:

- Meet regularly; weekly or at minimum monthly.
- Record minutes of meetings;
- Adopt minutes of meetings and ensure that the Chairman and Secretary sign them;
- Comply with the quorum set for starting meetings.

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