



**Policy Brief**  
on  
**Free Treatment for Pregnant Women and  
Under 5 Children**  
in  
**Kaduna State**

## List of Acronyms

<b>ANC</b>	Antenatal Clinic
<b>APH</b>	Ante Partum Haemorrhage
<b>ARI</b>	Acute Respiratory Infections
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BEOC</b>	Basic Emergency Obstetric Care
<b>BF</b>	Blood film
<b>CIMCI</b>	Community – IMCI
<b>CWC</b>	Child Welfare Committee
<b>CSF</b>	Cerebro-spinal Fluid
<b>CEOC</b>	Comprehensive Emergency Obstetric Care
<b>CXR</b>	Chest X-Ray
<b>CS</b>	Caesarean Section
<b>DRF</b>	Drug Revolving Fund
<b>FMS</b>	Financial Management Systems
<b>HIV</b>	Human Immunodeficiency Virus
<b>HC</b>	Health Centre
<b>HB</b>	Haemoglobin
<b>HMIS</b>	Health Management Information Systems
<b>ITN</b>	Insecticide Treated Nets
<b>IPT</b>	Intermittent Prophylactic Treatment
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IPCC</b>	Inter Personal Communication and Counselling
<b>KADSEEDS</b>	Kaduna State Economic Empowerment and Development Strategy
<b>LGA</b>	Local Government Area
<b>LSS</b>	Life Saving Skills
<b>MCH</b>	Maternal and Child Health
<b>M &amp; E</b>	Monitoring and Evaluation
<b>NPI</b>	National Programme on Immunisation
<b>OPD</b>	Out Patient Department
<b>OIC</b>	Officer In- Charge
<b>PHC</b>	Primary Health Care
<b>PHCDA</b>	Primary Health Care Development Agency
<b>PPH</b>	Post Partum Haemorrhage
<b>SMOH</b>	State Ministry of Health
<b>SHC</b>	Secondary Health Care

### **Policy Context**

- Development of a National Health Management Systems that coordinates all levels and programmes
- Primary Health Care Policy with focus on access for all
- Millennium Development Goals for accelerated achievement of targets
- Priority health interventions: Reproductive health, Child health (including immunization), HIV/AIDS, Malaria, Tuberculosis and Leprosy
- KADSEEDS emphasis on social charter and accountability
- Drug Revolving Fund Scheme for access to essential medicines
- Exemptions and free service policies e.g. NPI

### **Guiding Principles**

- Access (geographical and financial) to care
- Equity in provision
- Partnership for health development
- Community Participation at every stage

### **Strategic Objectives**

By 2009

- Maternal Health. Ensure that a package of free basic and effective maternal health services including drugs is available to at least 80% all pregnant women.
- Child Health. Ensure that a package of free basic and effective child health services including drugs is available to at least 80% of all children under five years
- Human Resource Development. Increase the production, retraining, and retention of MCH personnel and ensure equitable distribution.
- Enhance Mothers function as frontline carers
- Infrastructure development. Ensure rational development, use and maintenance of physical infra-structure for service provision
- Legislation. Enact and implement laws to govern the provision and performance of services and protect the rights of clients.
- Create an enabling environment and systems: Develop and strengthen key management and support systems required for the timely and efficient delivery and utilisation of priority services.

### **Infrastructure Development**

- Develop and implement facility rationalisation plan in which health facilities will be grouped into functional clusters, each consisting of a well- equipped hospital and a number of PHC facilities
  - Hospital to serve as referral centre for the PHC facilities
  - Private hospitals will be considered for accreditation as referral centres
- Rehabilitate and equip 510 PHC facilities and 25 hospitals.

### **HR Development and Management**

- Increase numbers of health workers in the facilities with emphasis on MCH/PHC speciality (350 engaged nurses for 2007)
- Retain available staff by providing incentive packages e.g. training and comfortable working environment etc
- Improve quality and performance by up-grading skills
- Re-distribute for greater equity using strategies of selective incentive and by enforcement
- Develop special packages to improve knowledge and skills of mothers and carers

### **Referral, Transport, Communication and Logistics**

- Design and implement a referral system based on clustering and linkage with radio, phone and ambulance. Develop referral forms and tools
- Develop and train staff in the use of referral forms and tools
- Provide One (1) ambulance per cluster
- Provide radio communication between referral centre and at least 80% of its satellites

### **FMS**

- Prepare realistic budgets based on sound planning
- Develop financial systems to track receipts, expenditure
- Establish timely and accurate reporting and auditing system

### **HMIS**

- Procure/Distribute reporting forms and tools for all health providers
- Provide equipment for data processing and storage
- Train existing medical record personnel and facility in-charges in improved HMIS methods and tools

### **M&E**

- Strengthening the HMIS will enable managers and stakeholders use the routine reporting system to monitor performance of the scheme. This will take place alongside supportive supervision by SMOH, LGA (and PHCDA when established).
  - Two-way flow of information between different parts of the health service to ensure that timely and relevant feed-back is given to service providers and users at all times.
- Evaluate mid 2008 and end of 2009
- Key indicators for success are:
  - Availability of package of services at all selected facilities
  - Increase utilisation by target groups
  - Client satisfaction with services
  - Systems and support services improved and functioning

### **Minimum Standard to ensure Quality of Care**

- Health staff trained on IMCI, Focussed ANC, LSS, IPCC, Infection Control and Growth Monitoring
- All charts, guidelines and protocols on Maternal and Child available in consulting room and observation room and privacy of all clients to be ensured at all times
- Basic equipment and logistics such as weighing scales, cold chain equipment, diarrhoea management chart, Growth monitoring charts, Vaccination syringe and needles
- Supervision of health workers to ensure adherence to IMCI guidelines
- Maternal and child drugs & vaccines are available and part of essential drug list
- Information packs for parents on child nutrition and immunization needs
- All deliveries monitored by pathograph
- Means of referral to next level of care whether the next level is operating free MCH services or not

### **Services:**

#### Package of Care for the Under 5 Children include:

- Malaria
- Acute respiratory infections
- Diarrhoea diseases
- Measles
- Worm infections
- Meningitis
- HIV (mainly transmitted from infected mother)

#### Package of Care for Pregnant women include:

- ANC
- Treatment of severe anaemia, including malaria
- Normal Delivery
- Treatment Complications during pregnancy, delivery and 6 weeks after delivery e.g APH, PPH, Eclampsia, Sepsis etc including C/S operation

The details of the care expected from health workers in the facilities are arranged as preventive, promotive and curative at each level of care. (PHC & SHC)

#### A. PHC

##### Preventive

- Counselling mothers or care takers on good nutrition, immunization, clean drinking water
- Counselling mothers on accessing antenatal care where IPT of malaria, and Birth Preparedness plan are implemented
- Educate mothers on self medication at home and the need to seek appropriate advice from community health workers or volunteers
- Screen mother for anaemia during ANC and PNC
- Immunize and give supplemental Vit. A as indicated
- Educate mothers on common side effects of medications
- All pregnant women having immunisation cards

##### Promotive

- Education of population on key family and community practices that promote the health of children in Nigeria – exclusive breast feeding for 6months, proper disposal of child's faeces and appropriate hand washing, ITN use, etc.
- Information on weaning on a balanced diet and good family nutrition specific to Nigerian local dietary provision.
- Information on food handling and hygiene.
- Information on signs of labour and when to seek care if danger signs appear during pregnancy, birth and postnatal period
- Perform basic test requested – Hb and BF for mps
- Information on preparing and reviewing the birth preparedness plan

##### Curative:

- Educate mother on how to give medications at home
- Procure and stock drugs on Essential Drug List that are used for the treatment of key childhood illness
- Dispense drugs prescribes
- Educate mothers on how to give medications at home
- Assessment of sick child for danger signs(anorexia, vomiting, convulsion, semi/fully unconscious)
- Assessment of sick child for main symptoms and signs of common childhood illness – ARI, Fever, Measles, Otitis media, Malnutrition & Anaemia
- Assess immunization status and Vitamin A supplementation status
- Classify the sick child guided by the severity of the condition and the IMCI Chart
- Refer children with danger signs after pre-referral treatment
- Treatment of childhood illness according to IMCI Charts and Essential Drug List
- BOEC should have be able to perform assisted delivery

#### B. Hospitals

##### Preventive

- Counselling mothers or care takers on good nutrition, immunization, clean drinking water, personal hygiene

##### Promotive

- Education of population on key family and community practices that promote the health of children in Nigeria – exclusive breast feeding for 6months, proper disposal of child faeces and hand washing, ITN use, etc (according to C-IMCI guidelines)
- Counsel mother on feeding according to IMCI chart
- Advise mother or caretaker on adherence and on how to give medications at home

#### Curative

- Reassessment of referred cases from the primary level to confirm syndromic diagnosis. See annex 1
- Investigations – Hb. sickling, Stool, CXR (if indicated e.g. Pleural effusion, pyopneumothorax,)
- Treatment of referred complications or children not responding to initial treatment for common childhood illnesses according to IMCI guidelines.
- Nursing admitted refereed case
- Administration of medications prescribed by consulting physician
- Procure and stock drugs used in treatment of childhood ailment as in the Essential Drug list
- Dispense prescribed drugs
- Perform test requested by consulting physician such as Hb, malaria microscopy, Group & X-matching, CSF examination etc
- X-Rays as requested by consulting physician
- Follow-up all women with severe anaemia that have been treated with Iron/folate therapy in 2 weeks to check clinical progress, test results and compliance and again four weeks later
- CEOC should be able to perform C/S and other complications of pregnancy

#### Operations at the facility level

Every patient must:

- Obtain an OPD card and small card and properly registered at the point of free services; such OPD card must be kept properly in the shelf
- Have his/her name entered in the register
- Be examined and receive prescription
- Hb, Genotype done and recorded in the register and patient card
- All drugs dispensed must be recorded together with patient OPD number and names.
- Proper referral form must be filled and forwarded with follow up or action taken at the referral centre sent back.
- Cost of treatment of the referral patient from the scheme is to a non free MCH facility will be born by the point of referral.
- All pregnant women should be encouraged to strictly follow the schedule of visit to the time of delivery through health talk.

Every OIC must:

- All drugs to be supplied to any facility must be supported by records of attendance and drug dispersed.
- All facilities must regularly forward monthly returns of all data required within which supply of drugs may not be made.
- Urgent report of any major infrastructural or defect or faulty equipment be make in writing to the headquarters of the LGA/PHCDA, while minor are handled by the facility management.
- Imprest provided must be properly spent and recorded and retired before replenishment.
- On no account should free drugs be mixed up with DRF drugs.
- Proper handing over and taking over must be made in writing after each shift.

**Annex 1:**

**LIST OF CLUSTERED PHC/HC FACILITIES COMMENCING FREE MEDICAL SERVICES AND THEIR REFERRAL POINTS**

S/N	LGA	PHC/HC FACILITIES	REFERRAL POINTS
1	B/Gwari	MCH B/Gwari Kuyello Model PHC Katakaki Model PHC Dogon Dawa	General Hospital B/Gwari
2	Kajuru	Maraban Kajuru Kajuru K/Magani MCH T/Wada Kujama	General Hospital Kujama
		MCH Kufana MCH Idon	General Hospital Idon
3	Giwa	PHC Kaya Model PHC S/Garin Giwa PHC Galadimawa PHC Gangara PHC Shika	General Hospital Giwa
4	Ikara	Anchau* Pambeguwa* Damau* PHC Meyere* MCH Ikara Model PHC Saya Saya Pala Auchan K/Kogi	General Hospital Ikara
5	Soba	Model PHC Zuntu Maigana PHC Gamagira PHC Soba PHC Ricifa Turawa	General Hospital Maigana
6	Kachia	Sabon Sarki Kurmin Musa Kachia Model PHC G/Jibir	Kachia
		Katari* Iddah*	General Hospital Doka
7	Jaba	SAB Zuro Ankung Kurmin Jatau Daddu PHC CWC Kwoi Kurmin Dangana* Kurmin Jibrin*	General Hospital Kwoi
8	Jema'a	MCH Kafanchan PHC Fadan Kagoma MCH Godogodo Model PHC Garaje Kaf.* Asso Madakiya* Farman*	General Hospital Kafanchan
9	Kagarko	Jere Kagarko Shadalafiya	General Hospital Kagarko
10	K/South	Rigasa	Yusuf Dantsoho Memorial Hospital

		Mando Ung. Shanu Kagoro Road K/Mashi	T/Wada Kaduna
11	K/North	M.B Tukur Malali Zakari Isa Magajin Gari	Barau Dikko Specialist Hospital, Kaduna.
12	Igabi	PHC Rigachikun PHC Jaji Badarawa PHC-Kawo	General Hospital Kawo
13	Chikun	Sabon Tasha Mararraban Rido MCH Nasarawa MCH Romi Model PHC – D/Qtrs. Makera Barnawa.	Dr. Gwamna Awan General Hospital, Kakuri.
14	Kudan	Model PHC Kauran Wali MCH Hunkuyi Likoro PHC PHC Doka PHC Basawa	General Hospital Hunkuyi
15	Kaura	MCH Fada MCH Bon Dong PHC Turaki Buga MCH Manchok	General Hospital Kaura
16	Kauru	Model PHC Kidugu PHC Kwasau PHC Dandaura	General Hospital Kauru
17	Lere	PHC Damakasuwa Comp. HC. Saminaka Model PHC Ramin Kura Kayarda Dan Alhaji	General Hospital Saminaka
18	Makarfi	Makarfi PHC Nasarawan Doya PHC PHC Danguzuri	General Hospital Makarfi
19	Sanga	PHC Fadan Ninzom HC Gwantu HC Aboro Mayir	General Hospital Gwantu
20	Zango - Kataf	Zango	General Hospital Z/Kataf
21		Zonkwa PHC Bafai Fadan Kamantan	General Hospital Zonkwa
22	Zaria	Babban Dodo T/Wada Rimin Doko Kaura Jakara Wuchich'chiri Zangon Aya	Hajiya Gambo Sawaba Hospital K/Gayan Zaria
23	Sabon Gari	Model PHC Sakadadi Samaru PHC Fitu Abdu Kwari Muchiya PHC Fitu Jema'a	Major Ibrahim Memorial Hospital S/Gari

Key: \* These are facilities included in the referral cluster outside their respective LGAs