

CGS to LGAs: Health Sector Packages for Year 2 Grant Proposals

Revised December 2012

Executive Summary

The OSSAP-MDGs Conditional Grants Scheme's LGA track offers technical and financial support to accelerate the progress of LGAs in achieving the Millennium Development Goals (MDGs). In health, the LGA track will focus on helping local and state governments make progress in maternal health, child health and malaria, corresponding to MDGs 4, 5, and 6. The *Health Sector Packages* document identifies key interventions proven to improve indicators in these areas and outlines the inputs needed to improve delivery of these services. These interventions are based on Nigeria national standards and international best practices and match the needs highlighted by the *Health Sector Gap Sheets*. LGAs should use the *Health Sector Packages* to determine the inputs and investments needed to remedy deficits illustrated by the *Gap Sheet*.

The *Health Sector Packages* document is organized into three Technical Areas with packages of proven interventions and required inputs for the Core Services in each:

Maternal Health

- Delivery and Neonatal Care
- Antenatal Care
- Family Planning
- Referral Transport

Child Health

- Immunization
- Basic Primary Care (IMNCI: Integrated Management of Newborn and Childhood Illnesses)

Malaria

- Prevention
- Diagnosis
- Treatment

For each Core Service/Package, the specific inputs needed for effective implementation are further detailed in the following categories:

Infrastructure

Staffing and Training

Equipment/Furniture

Medicines/Supplies

Additional Ideas and Strategies to Consider

This layout should make it easier to identify the investments needed in order for LGAs to strengthen delivery of key services and, in turn, rapidly advance improvements in MDG indicators.

TECHNICAL AREA I: MATERNAL HEALTH

Improving maternal health and reducing the number of women who die during pregnancy and childbirth can be achieved by ensuring that LGA health systems can effectively deliver four core services:

- (1) Delivery and Neonatal Care
- (2) Antenatal Care
- (3) Family Planning
- (4) Referral Transport

(1) Delivery and Neonatal Care Package

All pregnant women should deliver in a health facility that is adequately staffed and equipped to safely manage childbirth and its potential complications. These facilities should also be able to care for newborns immediately after delivery, since many infant deaths occur due to treatable emergencies during the immediate post-delivery period, usually during the first minute of life.

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Maternal Health: Obstetrics (1 and 2) Grouping
- Facility Detail → Health → Infrastructure Grouping
- Facility Detail → Health → Staffing Grouping
- Facility Detail → Health → Medicines Grouping
- Facility Detail → Health → Diagnostics Grouping

Service Package Targets

- All Primary Health Centres (PHCs) and all Primary Health Clinics should be able to provide delivery with skilled birth attendants at all times (24/7).
- Generally, all residents of every community should be able to reach a facility capable of performing skilled delivery 24/7 within 1.5 hours walking. In Nigeria, this usually entails at least one such facility in each ward.

Required Inputs for Implementing Service Package

Infrastructure

- **Water.** All Primary Health Centres (PHCs) and all Primary Health Clinics should have an *improved water supply* such as a borehole/tube well or a tap inside or outside of the facility. This water supply should be functional 24/7.
- **Toilets.** All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should have an *improved toilet* and ideally two or more gender-separated toilets. These toilets should be flush or pour-flush piped toilets, VIP latrines, or pit toilets with slabs.
- **Power.** All Primary Health Centres (PHCs) and all Primary Health Clinics should have reliable power at all times (24/7). The source of power (i.e., solar, generator, grid) should be determined based on site-specific considerations.
- **Delivery Room.** All Primary Health Centres (PHCs) and all Primary Health Clinics should have a dedicated room for conducting deliveries.

- **Human Waste Disposal/Placenta Pit.** All Primary Health Centres (PHCs) and Primary Health Clinics should have a dedicated waste area for human waste and/or disposal of placentas that meets specifications.
- **Additional Facilities.** Additional Primary Health Centres (PHCs) and/or Primary Health Clinics should be considered in areas where residents must travel more than 1.5 hours in order to reach a facility capable of performing deliveries with a skilled birth attendant.

Staffing and Training

- **Staffing.** All Primary Health Centres (PHCs) and all Primary Health Clinics should have:
 - At least two ‘skilled birth attendants,’ and ideally four. (A ‘skilled birth attendant’ is a Midwife, Nurse/Midwife, or Medical Officer.)
 - The exact number of ‘skilled birth attendants’ at each facility should be determined by the expected caseload of deliveries for the facility’s catchment area, with two as a minimum to ensure 24/7 skilled delivery capacity.
- **Training.** All ‘skilled birth attendants’ at Primary Health Centres (PHCs) and Primary Health Clinics should be trained on neonatal resuscitation, frequently needed during the first so-called “Golden Minute” of life, and essential newborn care (including kangaroo care, umbilical cord care, and early and exclusive breastfeeding).
 - Training on discussing post-partum family planning is recommended for inclusion in ‘skilled birth attendants’ trainings as well.

Equipment/Furniture

- All **Primary Health Centres (PHCs)** should **at least** have the items listed below, functioning and available at all times. Additional items may be necessary, and requested items should be reviewed with state NPHCDA official prior to submission of proposal:

Ambubag (1)	Kerosene pressure lamp (1)	Screen (2)
Neonatal Mask/Neonatal Ambubag (1)	Kidney dish (2)	Soap/disinfectant dispenser (1)
Vacuum Extractor (1)	Length measure for babies (1)	Scrub brush dispenser (1)
Artery forceps (Medium) (4)	Mackintosh sheet (2)	Nursery costs (1)
Bed pan, adult stainless steel (2)	Nail scrubbing brush, box of 12 (1)	Angle poised lamp (1)
Stainless Bowls with stand (1)	Needle holder (2)	Vacuum extractor, manual (1)
Ceiling fan (1)	Scalpel blade, pack of 100, 4 sizes (3)	Suction pump/Suction for newborn nose/mouth (1)
Plastic Chairs (president) (1)	Scalpel handle, set of 2 (2)	Weighing scale, baby (1)
Covered bowl for cotton wool (1)	Catheter tray with cover (1)	Instrument cabinet (1)
Delivery couch (2)	Sphygmomanometer, mercurial (Accosons) Table top (1)	Tape measure (1)
Dissecting forceps (1)	Sponge holding forceps (4)	Thermometer jar (1)
Dressing trolley (1)	Stethoscope (Littman) (1)	Urinary catheter (3)
Dust bin (Pedal) (1)	Suture needle (1)	Umbilical cord clamp, pack of 100 (1)
Enema can (2)	Syringes & Needles (100) 2cc (5)	Drip stand (2)
Episiotomy scissors (2)	Syringes & Needles (100) 5cc (5)	Suture kit (1)
Foetal stethoscope (Aluminium) (2)	Syringes & Needles (100) 10cc (1)	Oro-pharyngeal airway, set of 7 (1)
Stainless Galipot (1)	Thermometer, oral (1)	Plastic apron (10)
Gloves, disposable pack, pack of 100	Vaginal speculum, Sims set of 3 (2)	Anvard’s speculum (1)
Small/Medium/Large (4)	Wall clock (1)	Autoclave or Sterilizer (1)
Instrument tray (1)	Water container with tap (1)	
Forceps jar (1)		

- All **Primary Health Clinics** should **at least** have the items listed below, functioning and available at all times. Additional items may be necessary and requested items should be reviewed with state NPHCDA official prior to submission of proposal:

Chairs (1) Delivery table (1) Wash hand basin (1) Benches (1) Beds (2) Sphygmomanometer (1) Vacuum Extractor (1) Stethoscope (1) Foetal stethoscope (1)	Baby weighing scale (1) Bed pan (2) Instrument tray (2) Kidney dishes (1) Sponge holding Forceps (2) Artery forceps (4) Tape rule (2) Dressing forceps (1) Scissors (1)	Mucus extractors (2) Clinical thermometers (2) Cord clamp (2) Episiotomy scissors (2) Urinary catheter (2) Rechargeable lamps (2) Buckets (2) Suction pump/Suction for newborn nose/mouth (1) Neonatal Mask/Neonatal Ambubag (1)
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Medicines/Supplies

All Primary Health Centres (PHCs) and Primary Health Clinics should have a reliable, uninterrupted supply of medicines and supplies needed for providing skilled delivery.

- **Commodities.** Medications and Supplies needed for skilled delivery include:
 - Syringes
 - IV kits including catheters and tubing
 - IV antibiotics
 - IV oxytocics
 - IV anticonvulsants (magnesium sulfate)
 - Misoprostol
- **Supply Chains.** Primary Health Centres (PHCs) and Primary Health Clinics need a reliable supply chain. Reinforcing supply chain management may require additional inputs including:
 - Drug warehouse or depot at the LGA level
 - Transportation for disbursing medicines and supplies to health facilities
 - Computers and other office items needed for more effective tallying, forecasting and commodity management
 - Pharmacy or Supply Chain expert to design and/or coordinate the supply chains for the LGA

Relevant Agencies for Inputs:

- The **National Primary Health Care Development Agency's** Midwives Services Scheme (MSS) may be able to provide support in staffing midwives in your LGA.

Additional Ideas and Strategies to Consider:

- Incentives (i.e., conditional cash transfer, baby kits) for pregnant women and/or Traditional Birth Attendants to encourage facility-based deliveries
- Consider including a partogram for each Primary Care Facility in your LGA's standard equipment for Delivery. Training on partogram use for 'skilled birth attendants' in facilities with a partogram available is also recommended.
- Means of emergency communication (radio or telephony)
- Emergency transportation – see *Referral Transport Package* below

2) Antenatal Care Package

All pregnant women should have at least four check-ups during their pregnancy, also called “Antenatal Care Visits” or “ANC Visits.” These check-ups allow problems to be identified before complications or poor outcomes develop and also enable the delivery of basic medications that improve the health of pregnant women and their babies.

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Maternal Health: Antenatal Grouping

Service Package Targets

- All Primary Health Centres (PHCs) and Primary Health Clinics should provide Antenatal Care.
- Pregnant women should ideally have four or more antenatal care visits, including visits in each trimester of pregnancy.

Required Inputs for Implementing Service Package

Staffing and Training

- **Training.** All CHOs, nurse/midwives, midwives, CHEWs, JCHEWs, and Medical Officers posted to Primary Health Centres (PHCs) and Primary Health Clinics should be trained in performing antenatal care (including counseling on hygiene, family planning, nutrition, LLIN use, as well as immediate and exclusive breastfeeding).
 - Including birth preparedness and plans, as well as post-partum family planning counseling into ANC trainings and regular ANC practice is recommended.

Equipment/Furniture

- All **Primary Health Centres (PHCs)** should **at least** have the items listed below, functioning and available at all times. Additional items may be necessary and requested items should be reviewed with state NPHCDA official prior to submission of proposal:

Ceiling fan (2) Plastic chairs (3) Stainless covered bowl for cotton wool (2) Dust bin (2) Examination couch (1) Foetal stethoscope (2) Stainless gallipot (medium) (1) Latex gloves, disposable pack, pack of 100 (20) Hammer, reflex (1) Height measuring stick (1)	Wooden long benches (3) Mackintosh sheet (2) Nail scrubbing brush, pack of 12 (1) Pen torch (1) Sphygmomanometer, mercurial (Accosons, table top) (1) Stethoscope (1) Tables (2) Thermometer, oral (2) Tongue depressor (6) Soap/disinfectant dispenser (1)	Thermometer jar (1) Angle poised lamp (1) Bowls stainless steel with stand (1) Dressing trolley (1) Urine dipstick for sugar and albumin, pack of 100 (20) ANC gowns for patients (50) Wall clock (1) Door name plate (1) Adult weighing scale (1)
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- All **Primary Health Clinics** should **at least** have the items listed below, functioning and available at all times. Additional items may be necessary and requested items should be reviewed with state NPHCDA official prior to submission of proposal:

Chairs (3) Examination couch (1) Screen (1) Wash hand basin (1)	Benches (3) Sphygmomanometer (1) Stethoscope (1) Foetal stethoscope (1)	Adult weighing scale (1) Tape rule (2) Clinical thermometers (1) Reflex hammer (1)
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Medicines/Supplies

All Primary Health Centres (PHCs) and Primary Health Clinics should have a reliable, uninterrupted supply of medicines and supplies needed to provide Antenatal Care.

- **Commodities.** Medications and Supplies needed for skilled delivery include:
 - Tetanus Toxoid
 - Sulfadoxine-Pyrimethamine (Fansidar) for Intermittent Preventative Treatment (IPT) of Malaria
 - Iron-folic acid
 - Mebendazole/Albendazole
 - Urinalysis strips (for glucose and protein)
 - HIV test kits
 - Syphilis test kits
 - LLINs
- **Supply Chains.** Primary Health Centres (PHCs) and Primary Health Clinics need reliable supply chains. Reinforcing supply chain management may require additional inputs including:
 - Drug warehouse or depot at the LGA level
 - Transportation for disbursing medicines and supplies to health facilities
 - Computers and other office items needed for more effective tallying, forecasting and commodity management
 - Pharmacy or Supply Chain expert to design and/or coordinate the supply chains for the LGA

Additional Ideas and Strategies to Consider:

- Antenatal care cards that double as checklists for all activities to be performed during the visit
- Incentives (i.e., conditional cash transfer) for pregnant women and/or Traditional Birth Attendants for antenatal care visits
- Birth preparedness (plans for all pregnant women on how to get to a clinic) should be made during Antenatal Care visits
- Appropriate use of referral transport for women with high-risk pregnancies
- Discussion about post-partum family planning for the couple should be included during Antenatal Care visits

3) Family Planning Package

Contraceptives should be made available to families so that each couple can choose the number of times a woman becomes pregnant and, thus, limit unwanted pregnancies, which compound the risk for pregnancy/delivery related complications.

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Maternal Health: Family Planning Grouping

Service Package Targets

- All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should provide condoms and counseling on family planning.

- All Primary Health Centres (PHCs) and Primary Health Clinics should provide short-acting modern contraceptive methods (pills, Depo injections) and reversible long-acting contraceptive methods (IUCDs, contraceptive implants).

Required Inputs for Implementing Service Package

Staffing and Training

Training gaps can be addressed by requesting support from federal agencies and non-governmental programs, including UNFPA.

- **Training.** All CHOs, Nurse/midwives, Midwives, CHEWs, JCHEWs, and Medical Officers posted to Primary Health Centres (PHCs) and Primary Health Clinics should be trained in providing modern short-acting and reversible long-acting contraceptives.
- **Training.** All staff at Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should be trained in counseling on family planning.

Medicines/Supplies

Family planning commodities are available at no cost to facilities/LGAs and should be obtained from federal agencies, in particular NPHCDA, and programs, including UNFPA.

- **Commodities.** All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should have a reliable, uninterrupted supply of condoms.
- **Commodities.** All Primary Health Centres (PHCs) and Primary Health Clinics should have:
 - Oral contraceptive pills
 - Injectables (Depo)
 - IUCD kits
 - Contraceptive Implants
- **Supply Chains.** Family planning commodities should be received for free for each LGA's facilities, but may require some investment in logistics in order to access these supplies. This may require:
 - Drug warehouse or depot at the LGA level
 - Transportation for collecting and/or disbursing commodities to health facilities

Relevant Agencies for Inputs:

- **Ministry of Health** should provide free family planning commodities for all LGAs.

Additional Ideas and Strategies to Consider:

- Community campaigns to discuss the importance of family planning
- Community campaigns to provide family planning methods
- Promotion of family planning with IUCD in the immediate post-partum period

4) Referral Transport Package

When a pregnant woman has a complication, she needs to be able to promptly reach a higher-level facility where more advanced life-saving procedures, like Caesarian section and blood transfusion, can be carried out. This requires that each LGA has reliable Referral Transport in place so pregnant women can be transferred from any primary care facility to a referral center quickly when life-threatening emergencies arise.

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Maternal Health: Obstetrics (1) Grouping

Service Package Targets

- All primary health care facilities should have reliable access to referral transport such that a pregnant woman can be transferred at no cost to the patient from any facility to a referral level hospital capable of Caesarian section within 45 minutes, at all times (24/7). Women referred using transport should also be able to receive free return transport after delivery.
- Ideally, all households should be able to access referral transport, preferably free, so that a pregnant woman at home can be picked and taken to a health facility when going into labor within 45 minutes, 24/7, and can ultimately be dropped back home after delivery.

Required Inputs for Implementing Service Package

The strategies used for establishing reliable referral transportation may vary by the context of the LGA. For most LGAs, the ideal approach would include a government-managed set of ambulances connected through a free emergency call-in number and reliable phones with connectivity at each primary and referral health facility. In some LGAs, alternative strategies, such as contracting private companies or cars could also be considered. Furthermore, some LGAs with unique terrains may need to establish a referral transport system involving speedboats or four-wheel drive, off-road vehicles. Other vehicle types, such as kekenapep, bicycle, bus, donkey or mule cart, lorry, motorbike or taxi, are less preferred for emergency Referral Transport, when ambulance, car or motorboat are feasible.

Infrastructure

- Quality roads along major routes, including to and from health facilities
- Adequate cell phone network such that coverage is ideally available everywhere in the LGA, at minimum at primary health facilities; if network is not feasible, radio communication from primary health facilities is advised
- Appropriate vehicles as needed including adequate provision for fuel and maintenance costs

Staffing and Training

- **Staffing.** Vehicles should have appropriate numbers of drivers such that drivers can work in shifts ideally not exceeding 8 hours at a time.
- **Training.** All Primary Health Facility staff should be trained on calling and utilizing the referral transport system.
- **Training.** All drivers should be trained on basic life-saving skills (BLS), including newborn resuscitation

Equipment/Furniture

- All **Primary Health Centres (PHCs), Primary Health Clinics, Health Posts/Dispensaries, and referral vehicles** should have:
 - Cell phones (with ability to charge) and sufficient credit for emergency calls
 - Consider establishing a closed user group to make all calls between health facilities and drivers at no charge to the users
- Consider establishing a call-in number which can be used in emergencies with no charge levied
- All **referral vehicles** should have a kit of basic medical equipment and supplies including:
 - Ambubag/Newborn Ambubag
 - Nasal/oral newborn suction

- Towels
- Oxygen tank with tubing and mask

TECHNICAL AREA II: CHILD HEALTH

Improving child health and reducing the number of children who die in infancy or before their fifth birthday can be achieved by ensuring that LGA primary health systems can effectively deliver immunizations and treat basic common childhood diseases:

- (1) Immunization**
- (2) Basic Primary Care / IMNCI**

1) Immunization Package

All children should receive the full complement of recommended vaccinations to prevent diseases that otherwise cause significant rates of morbidity and child death.

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Child Immunization Grouping

Service Package Targets

- All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should provide routine immunization with all recommended vaccines.
- All Primary Health Centres (PHCs) and Primary Health Clinics should store vaccines, both those used for routine immunization at these facilities and those disbursed to Health Posts/Dispensaries on vaccination days.

Required Inputs for Implementing Service Package

Infrastructure

- **Power.** All Primary Health Centres (PHCs) and Primary Health Clinics should have reliable power at all times (24/7) for the purpose of maintaining cold chain storage of vaccines.
- **Waste Disposal.** All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should have sharp disposal systems (i.e., sharps pit) to safely manage used needles.

Equipment/Furniture

- All **Primary Health Centres (PHCs) and Primary Health Clinics** should have a refrigerator or freezer.
- All **Health Posts/Dispensaries** should have vaccine carriers/packs/cold chain boxes.
- All **Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries** should have sharp disposal systems usually including needle-cutters and sharp disposal collection boxes.

Medicine/Supplies

All Primary Health Centres (PHCs) and Primary Health Clinics should have a reliable, uninterrupted supply of stored vaccines for their own use and at satellite Health Posts/Dispensaries and community outreach sites.

- **Vaccines.**
 - Vaccines needed according to Nigeria standards include:
 - BCG
 - OPV

- DPT*
- Tetanus
- Measles
- Hepatitis B*
- CSM
- Yellow Fever
- Haemophilus influenza type B (Hib)*

***These vaccines are now available in Nigeria as the combined “pentavalent” vaccine.**

- Additional vaccines now being recommended globally include:
 - Rotavirus
 - Pneumococcus
- **Commodities.** Additional commodities needed for vaccination include:
 - Cotton swabs
 - Rubbing alcohol
 - Syringes
 - Needles
- **Supply Chains.** Reliable cold chain supply chains are necessary for ensuring vaccine supply and appropriately transporting vaccines. This may require:
 - Cold storage depot at the LGA level
 - Transportation for disbursing vaccines to health facilities including cars, motorcycles or speedboats

Relevant Agencies for Inputs:

- **National Primary Health Care Development Agency** should provide vaccines for routine immunization.

Additional Ideas or Strategies to Consider:

- Routine immunization with either daily vaccination or dedicated weekly immunization days that are well known in the communities
- Outreach or community-based activities in areas with particularly low coverage or inadequate routine services
- Community campaigns to promote the importance of immunization
- Incentives (i.e., conditional cash transfer) for families with fully immunized children
- Vaccination campaigns alongside other planned campaigns for Vitamin A or deworming

2) Basic Primary Care (IMNCI) Package

When sick, children should be able to readily and promptly access care for basic and common infections and diseases that generally can be managed effectively, but can result in life-threatening complications when treatment is delayed.

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Child Nutrition Grouping
- Facility Detail → Health → Staffing Grouping
- Facility Detail → Health → Medicines Grouping
- Facility Detail → Health → Staffing Grouping
- Facility Detail → Health → Curative Care Grouping

Service Package Targets

- All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should be able to provide basic curative care for childhood illnesses, using IMNCI (Integrated Management of Neonatal and Childhood Illnesses).
- All Primary Health Centres (PHCs) should be able to provide care for sick children at all times (24/7). Primary Health Clinics should ideally have a staff member available who can be called in the case of a sick child needing urgent attention.
- Generally, all residents of each LGA should be able to reach a facility capable of caring for a sick child at all times (24/7) within at most 1.5 hours walking distance. In Nigeria, this usually entails at least one such facility in each ward.

Required Inputs for Implementing Service Package

Infrastructure

- **Additional Facilities.** Additional Primary Health Centres (PHCs) and Primary Health Clinics should be considered in areas where communities must travel for more than 1.5 hours in order to reach a facility capable of caring for sick children 24/7.

Staffing and Training

- **Staffing.** In order to provide appropriate Basic Primary Care,
 - All Health Posts/Dispensaries should have at least:
 - 1 JCHEW
 - All Primary Health Clinics should have at least:
 - 2 CHEWs
 - 2 JCHEWs
 - 2 Midwives or Nurse/Midwives
 - All Primary Health Centres (PHCs) should have at least:
 - 1 CHO
 - 3 CHEWs
 - 6 JCHEWs
 - 4 Nurse/Midwives
 - 1 Medical Officer (if possible)
- **Training.** All staff listed above should be trained on IMNCI (Integrated Management of Newborn and Childhood Illness) protocols.

Equipment/Furniture

- All **Primary Health Centres (PHCs) and Primary Health Clinics** should **at least** have the items listed below, functioning and available at all times. Additional items may be necessary and requested items should be reviewed with state NPHCDA official prior to submission of proposal:

Basket with lid for ORS (2) Plastic Chairs (4) Cup, medicine, graduated (4) Dust bin (2) Table infant weighing scale (Seward) (1) Wooden long benches (1) Plastic bowls (1) Wooden tables (2) Thermometer, rectal (2)	Thermometer, oral (2) Tongue depressor (2) Length measure for babies (3) Bowls stainless steel with stand (1) Stainless covered bowl for cotton wool (2) Examination couch (1) Hammer, reflex (2) Height measuring stick (1) Macintosh (2)	Pen torch (1) Sphygmomanometer, mercurial (accosons, table top) (1) Stethoscope (1) Snellen's chart (1) Tables (2) Diagnostic set (Gowland) (1) MUAC tape (5) Weighing scale (1)
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- All **Health Posts/Dispensaries** should **at least** have the items listed below, functioning and available at all times. Additional items may be necessary and requested items should be reviewed with state NPHCDA official prior to submission of proposal:

Plastic Chairs (2) Dust bin (1) Table infant weighing scale (Seward) (1) Wooden long benches (1) Thermometer, rectal (1) Thermometer, oral (2)	Tongue depressor (1) Length measure for babies (1) Examination couch (1) Hammer, reflex (1) Height measuring stick (1) Macintosh (1)	Pen torch (1) Sphygmomanometer (1) Stethoscope (1) Snellen's chart (1) Tables (1) MUAC tape (5)
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Medicines/Supplies

All health facilities should have a reliable, uninterrupted supply of medicines and supplies needed for providing basic childhood care and IMNCI.

- **Commodities.**
 - Health Posts/Dispensaries should at least have:
 - Antipyretics
 - Vitamins
 - ORS (ideally with zinc)
 - Oral antibiotics
 - Oral antimalarials
 - IM antipyretics, antibiotics, and antimalarials
 - Anti-helminthics
 - Basic wound care commodities
 - Primary Health Centres (PHCs) and Primary Health Clinics should at least have:
 - All of the above
 - IV antibiotics
 - IV kits including catheters and tubing
 - IV fluids
 - IV antimalarials
 - Anticonvulsants
 - Anti-emetics
 - Asthma medications
 - Anti-parasitic and antifungal medications
- **Supply Chains.** Reinforcing supply chain management may require additional inputs including:
 - Drug warehouse or depot at the LGA level
 - Transportation for disbursing medicines and supplies to health facilities
 - Computers and other office items needed for more effective tallying, forecasting and commodity management

- Pharmacy or Supply Chain expert to design and/or coordinate the supply chains for the LGA

Relevant Agencies for Inputs:

- **UNICEF** may provide ORS, zinc and Ready-to-use Therapeutic Foods (RUTF) in your LGA or area. They may be a good contact to engage if commodities for Basic Primary Care are a challenge in your LGA.

Additional Ideas and Strategies to Consider:

- Outreach camps for remote areas or with high burdens of disease
- Campaigns for Vitamin A and deworming
- Village Health Workers, a new cadre being introduced by NPHCDA, can provide home-based prevention and management of disease and prompt referral
- Distribution of ORS in the community for families to prepare at home for children with diarrhea

TECHNICAL AREA III: MALARIA

Malaria causes a massive burden of disease in Nigeria, contributing to 30% of child deaths, 25% of infant deaths, 11% of maternal deaths, and 60% of all patient visits. Interventions proven to allow effective prevention, prompt diagnosis, and aggressive treatment can dramatically reduce these figures and have enabled many countries to make major strides in improving their MDG-related health indicators.

- 1) Malaria Prevention
- 2) Malaria Diagnosis
- 3) Malaria Treatment

1) Malaria Prevention Package

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Malaria Grouping

Service Package Targets

- All people should sleep under a Long-Lasting Insecticidal Net (LLIN), requiring all sleeping sites to be covered by an LLIN.
- All pregnant women should receive two doses of Sulfadoxine-Pyrimethamine (Fansidar) for Intermittent Preventative Treatment (IPT) during routine antenatal care visits.

Required Inputs for Implementing Service Package

Staffing and Training

- **Training.** All households should be trained on the importance of sleeping under LLINs as well as on their appropriate use. This can most effectively be done during mass free distribution of LLINs in the community.
- **Training.** All Primary Health Centre (PHC) and Primary Health Clinic staff should be trained on providing IPT (Intermittent Preventive Treatment) during antenatal care.

Medicines/Supplies

- **LLIN.** LLIN supplies should be available from the Nigeria National Malaria Control Programme (NMCP) at state warehouses. LGAs should focus on investing in the logistics (i.e., transportation, storage) needed to acquire these LLINs from the NMCP and state warehouses, store them locally, and distribute them to the population. This will require investments in transportation, storage, and community distribution events. An estimated number of LLINs needed per LGA to cover all sleeping sites is provided in the *Health Gap Sheet*.
- **IPT.** All Primary Health Centres (PHCs) and Primary Health Clinics should have a reliable, uninterrupted supply of Sulfadoxine-Pyrimethamine (Fansidar). Reinforcing this supply chain may require investments in improving general supply chains:
 - Drug warehouse or depot at the LGA level
 - Transportation for disbursing medicines and supplies to health facilities

Relevant Agencies for Inputs:

- **National Malaria Control Programme** should provide LLIN supplies to at least cover their target populations (under 5s and pregnant women), and ideally cover supplies for all sleeping sites. Supply chains may need to be strengthened to obtain available supplies from state warehouses, as noted above.

Additional Ideas and Strategies to Consider:

- Mass distribution of free LLINs through ward or more local distribution meetings, where community training in bednet utilization is also conducted
- Education and promotion of activities to reduce breeding grounds for malaria-transmitting mosquitos

2) Malaria Diagnosis Package

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Malaria Grouping
- Facility Detail → Health → Diagnostics Grouping

Service Package Targets

- All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should use Rapid Diagnostic Tests (RDTs) to diagnose malaria with a simple pinprick and drop of blood. All presentations of fever should be tested for malaria, and when RDTs are available only positive tests should be treated with antimalarials; febrile children with negative malaria tests need further work up by a health care provider. RDTs are often more accurate than microscopy for diagnosing malaria, and simple enough to be used at all levels of Primary Care, including Health Posts/Dispensaries.

Required Inputs for Implementing Service Package

Staffing and Training

- **Training.** All Primary Health Facility (PHC, Health Clinic and Health Post/Dispensary) staff should be trained on performing and interpreting RDTs as soon as RDTs are available at a facility. Training instructors may be available through the National Malaria Control Program (NMCP) or non-governmental agencies.
- **Training.** For facilities with a working microscope, expected at all Primary Health Centres (PHCs), laboratory technicians should be trained on performing microscopic diagnosis of malaria until RDTs are available in sufficient quantity. RDT are a good substitute for microscopic diagnosis.

Medicines/Supplies

- **RDTs.** RDTs should be procured along with regular medicines/supplies for each health facility. This may require additional investments in general supply chains including:
 - Drug warehouse or depot at the LGA level
 - Transportation for disbursing medicines and supplies to health facilities
 - Sourcing RDTs from outside of the LGA if not locally available in sufficient quantities

Additional Ideas and Strategies to Consider:

- Village Health Workers, a new cadre being introduced by NPHCDA, should use RDTs for community-based diagnosis of malaria for all people complaining of fever.

3) Malaria Treatment Package

Relevant NMIS Facility Detail Grouping for Facility-Specific Gaps:

- Facility Detail → Health → Malaria Grouping
- Facility Detail → Health → Curative Care Grouping

Service Package Targets

- All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should treat malaria using Artemisinin-Combination Therapy (ACT).

Required Inputs for Implementing Service Package

Staffing and Training

- **Training.** All Primary Health Facility staff should be trained on using ACT to treat malaria.

Medicines/Supplies

- **Commodities.** All Primary Health Centres (PHCs), Primary Health Clinics, and Health Posts/Dispensaries should have a reliable, uninterrupted supply of ACT.
- **Supply Chains.** Reinforcing supply chain management may require additional inputs including:
 - Drug warehouse or depot at the LGA level
 - Transportation for disbursing medicines and supplies to health facilities
 - Computers and other office items needed for more effective tallying, forecasting and commodity management
 - Pharmacy or Supply Chain expert to design and/or coordinate the supply chains for the LGA

Relevant Agencies for Inputs:

- **National Malaria Control Programme** should provide ACT for all LGAs. Supply chain logistics may need to be strengthened to collect available ACTs from state warehouses.

Additional Ideas and Strategies to Consider:

- Village Health Workers, a new cadre being introduced by NPHCDA, should provide ACT for community-based treatment of fever cases that they find to be positive for malaria based on RDT testing.