

KEBBI STATE GOVERNMENT



Mutual Assistance & Voluntary
Contributions to Access Quality Health Care

KEBBI STATE CONTRIBUTORY HEALTHCARE MANAGEMENT AGENCY (KECHEMA)

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OPERATIONAL GUIDELINES

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SUPPORTED BY:



PREFACE

The Administration of His Excellency Sen. Abubakar Atiku Bagudu CON (Matawallen Gwandu) in Kebbi State has been taking all necessary steps towards ensuring a Universal Health Coverage (UHC) which is one of the targets listed in the Sustainable Development Goals (SDGs). Since inception, the Executive Governor has been proactively concerned with the facilitation of easy access to basic health care and ensuring that quality health care is available to all residents of Kebbi State. There has been remarkable increase in budgetary allocation for health, revitalization of primary healthcare system, strengthened linkages for health sector improvement through Public Private Partnership (PPP) at national and international levels.

As a strategy of ensuring sustainable funding for health, and, to defray out of pocket expenditure (OOPE) for health care, the Kebbi State Government has domesticated a State Social Health Insurance Scheme (SSHIS) in line with our culture and religious beliefs. This scheme is called Kebbi State Contributory Health Scheme (KECHES).

The scheme came into being following the hard work of a strong all-inclusive Technical Working Group (TWG) which was inaugurated by the Executive Governor on 16th January, 2018. The TWG carefully studied NHIA Act and drew from the experience of NHIA with a view to avoid the pitfalls of the national scheme and then produced the Kebbi Contributory Healthcare Management Agency Bill which was passed by the Kebbi State House of Assembly and then signed into Law No. 002 of 2018 by the Executive Governor on 31st July, 2018. The TWG also produced the operational guidelines that have gone through several validation exercises by stakeholders in order to ensure smooth implementation of the Scheme.

Kebbi State Contributory Healthcare Scheme is established to ensure that every resident of the State, irrespective of tribal, religious or social affiliation enjoys unfettered access to qualitative and affordable health care without the risk of financial hardship linked to paying for care. The vulnerable groups, pregnant women, children under 5 years, orphans and elderly will be cared for from the pool of funds generated from others and from government subsidization in the form of Equity funds as contained in the Law. The Agency is also responsible for the implementation of the NHIA gateway of the Basic Healthcare Provision Fund (BHCPF) in Kebbi State.

The State Ministry of Health has no doubt that, the staffs of the Agency are well trained to implement the Contributory Healthcare Scheme. The Ministry will diligently exercise its oversight function to ensure that KECHES is implemented according to the Law guiding it. Finally, I must sincerely express my profound gratitude to His Excellency, the Executive Governor of Kebbi State, Sen. Abubakar Atiku Bagudu CON (Matawallen Gwandu) for his strategic thinking and introduction of a State Social Health Insurance Scheme in the State. I also wish to thank all the stakeholders that have contributed to the success of the journey so far.

I assure the people of Kebbi State that Kebbi Contributory Healthcare Scheme shall be people-centered. This is reflected by the representative nature of the composition of the governing board of KECHEMA.

Therefore, people should own the scheme and participate fully in order to ensure the success of KECHES.



Rt. Hon. Jafar Muhammad
Honourable Commissioner
Kebbi State Ministry of Health

ACKNOWLEDGMENT

The visionary leadership and foresighted policies of His Excellency the Executive Governor of Kebbi State Sen. Abubakar Atiku Bagudu CON (Matawallen Gwandu) are the hallmark of the present administration in Kebbi State. The initiative to introduce a State Social Health Insurance Scheme as a veritable tool for the achievement of Universal Health Coverage (UHC) originated from the Executive Governor himself.

Therefore, we cannot thank him and his Executive Council enough. Special thanks go to the honourable members, Kebbi State House of Assembly under the able leadership of Rt. Hon. Speaker. Honourable members displayed a unique understanding of the importance of Contributory Health Scheme to the people of Kebbi State and therefore fully supported the Executive arm by passing the KEHEMA bill with dispatch, on 27th July, 2018, the honourable House of Assembly has always been supportive of Kebbi State Contributory Healthcare Management Agency (KEHEMA) and is committed to ensuring the success of the Scheme in the State. Our gratitude also goes to the State Council of Chiefs under the Chairmanship of His Royal Highness the Emir of Gwandu Maj. Gen. (Rtd) Dr. Alhaji Muhammadu Iiyasu Bashar OFR, CFR. In the build up to establishing KEHEMA, the Council of Chiefs had a strong representation in the Technical Working Group (TWG) in the person of Wazirin Gwandu, Alhaji Abdullahi Umar. The Royal Fathers have fully embraced the contributory health scheme and actively mobilized their subjects to support the Agency in order to ensure successful implementation of the scheme.

The organized Labour, Civil Society Organizations (CSOs), State Council of Ulama, Christian Association of Nigeria (CAN) and the Association of Private Medical Practitioners were all important members of the TWG and in-puted pro-actively in shaping the contributory healthcare scheme. They are important stakeholder whose support is practically indispensable for the Agency. We shall remain ever grateful.

We are deeply grateful to our development partners, the USAID and it agencies, Health Finance and Governance (HFG), Integrated Health Project (IHP), Breakthrough Action (BA); we are indebted to the UNICEF, NHIA, NPHCDA for unquantifiable technical support, guidance and encouragement.

Our profound gratitude goes to Her Excellency Dr. Zainab Shinkafi Bagudu, wife of the Executive Governor, for her advocacy and being a true ambassador of KEHEMA.

Finally, our absolute appreciation goes to the Kebbi State Ministry of Health, which has displayed the capacity to harness and synchronize the support and contribution of various stakeholders, including the different MDAs and directed it into achieving the objective of establishing a functional State Contributory Healthcare Scheme and its Agency.



Dr. Jafar Augie MOHAMMED
Executive Secretary/CEO
KEHEMA

ACRONYMS

AIDs	Acquired immunodeficiency syndrome
BEDs	Biometric Enrolment Devices
BHCPF	Basic Healthcare Provision Fund
BoTs	Board of Trustees
CAC	Corporate Affairs Commission
CBN	Central Bank of Nigeria
CBOs	Community Based Organizations
CHO	Community Health Officer
CHT	Community Health Technician
CIN	Corporate Identification Number
CRF	Consolidated Revenue Fund
CSOs	Civil Society Organizations
DFID	Department for International Development
DFA	Director of Finance and Accounts
DMCMA	Drug and Medical Consumables Management Agency
DRF	Drug Revolving Fund
DRG	Diagnosis Related Groups
EBT	Exchange Blood Transfusion
ENT	Ear, Nose and Throat
EoI	Expression of Interest
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
HCF	Healthcare Facility
HCH	Honorable Commissioner for Health
HCP	Healthcare Provider
HEP	Health Equity Programme
HFG	Health Finance and Governance
HIV	Human immunodeficiency virus
HMB	Health Management Board
HMO	Health Maintenance Organization
HoS	Head of Service
ICT	Information and Communication Technology
IP	International Partners
IHP	Integrated Health Program
IT	Information Technology
JCHEW	Junior Community Health Ext. Worker
KSHMB	Kebbi State Health Management Board
KECHEMA	Kebbi Contributory Health Management Agency
KECHES	Kebbi Contributory Health Scheme
KHEF	Kebbi Health Equity Fund
KCHF	Kebbi Contributory Health Fund
KEHP	Kebbi Equity Health Plan
KSHP	Kebbi State Health Plan

M&E	Monitoring & Evaluation
MDAs	Ministries, Departments, and Agencies
MDCN	Medical and Dental Council of Nigeria
MHA	Mutual Health Association
MHO	Mutual Health Organization
MLSCN	Medical Laboratory Science Council of Nigeria
MNCH	Maternal Newborn & Child Health
MoF	Ministry of Finance
MOH	Ministry of Health
MRTBN	Medical Rehabilitation Therapist of Nigeria
MSH	Management Sciences for Health
NBTE	National Board for Technical Education
NDHS	National Demographic Health Survey
NGO	Non-Government Organization
NHIA	National Health Insurance Authority
NHIA Act	National Health Insurance Authority Act
NHIP	National Health Insurance Policy
NHIA	National Health Insurance Scheme
NLC	Nigeria Labor Congress
NMCN	Nursing & Midwifery Council of Nigeria
NPHCDA	National Primary Healthcare Development Agency
OG	Operational Guidelines
OPS	Organized Private Sector
PCN	Pharmacist Council of Nigeria
PHCDA	Primary Healthcare Development Agency
PHCP	Primary Healthcare Provider
PHCUOR	Primary Healthcare Under One Roof
PPM	Provider Payment Mechanism
QA	Quality Assurance
RRBN	Radiographers Registration Board of Nigeria
SACA	State Action Committee on AIDs
SDSS	Sustainable Drug Supply System
SLV	Speed Lane verification
SOML	Saving One Million Lives
SQA	Standard and Quality Assurance
TB	Tuberculosis
TICHP	Tertiary Institutions Contributory Health Programme
TISHIP	Tertiary Institution Social Health Insurance Programme
TPAs	Third Party Administrators
TUC	Trade Union Congress
TVL	Thorough Verification Lane
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

WHA
WHO

World Health Assembly
World Health Organization

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ABOUT THIS OPERATIONAL GUIDELINES

The Operational Guidelines, 2020 exists side with other distinct manuals and guidelines for other operational processes and procedures such the Enrolment Manual, Guidelines for Accreditation, Selection and Engagement of Healthcare Providers, Provider Payment Mechanisms Guidelines, Claims Management Guidelines, Third Party Administrators Guidelines.

In developing this Revised Operational Guidelines, 2022, Kebbi Contributory Healthcare Management Agency was guided by the need to have a comprehensive and updated operational document that provides overall guidance for the operations of KECHES. It is therefore, a consolidation of the 2020 version, the different process and procedure manuals and guidelines, the lessons learnt in the implementation of KECHES since inception and some additional materials, all aimed at ensuring a higher standard of the Operational Guidelines. The process was facilitated and supported by USAID/IHP.

The Guidelines describe the approach and standard operating procedures for different contributory healthcare operations and business processes. However, the Agency has retained the Enrolment Manual, which has been further expanded to include Enrolment Strategy.

Purpose of the Operational Guidelines

The purpose of this Operational Guidelines is to serve as a toolkit providing basic guidance to help programme managers and operators deepen their understanding of Contributory Healthcare scheme concepts, operational processes and procedures, provide overarching directions and defining practical steps for successful implementation of the Scheme.

This Guideline is expected to be revised in line with changing circumstances. Where no significant change in circumstances occur, the Guideline should be reviewed and revised at least once in two (2) years to reflect lessons learned in implementation. The PRS department shall be responsible for initiating the periodic review of the Guideline. The reviewed guideline shall be subject to the management of the Agency.

The Operational Guidelines is considerably detailed to guide implementation of the essential operations, facilitate a consistent approach to lay the groundwork for effective implementation of the scheme, provide a clear understanding and orientation to operational process and procedures and keep the implementers on track and ensure the implementers deliver the expected results.

DEFINITIONS, KEY CONCEPTS AND TERMS

Accrediting Body means anybody who accredits healthcare facilities and other relevant institutions in the state, including but not limited to the State Inspectorate Department of Ministry of Health and National Health Insurance Scheme;

Administrative charge means a % of the pooled premium from all programs that is accruable to Kebbi State Contributory Health Management Agency.

Benefits means a benefit or advantage of any kind whatsoever derived from the Scheme;

Benefit Package means services that the agency defined as within its scope of coverage;

Board means the Governing Board established under Section 4(1) of the KECHEMA Law;

Board of Trustee (BoT) these are elected or nominated community representatives who function either as programme managers, responsible for the day to day management of Mutual Health Associations (MHAs), or support Technical Facilitators in the management of Community Contributory Health Care Programme.

Chairman means the Chairman of the Board appointed pursuant to section 4(2)(a) of KECHEMA law;

Capitation means prepayment to a healthcare provider in respect of covered services to be provided to an insured persons (enrollees) registered with the health care provider, whether the person uses the services or not;

CHM means Contributory Health Managers registered under the KECHEMA Law to develop and validate Healthcare services through Health care providers approved by the Agency;

Commissioner means the commissioner charged with responsibility for matters relating to health in the State;

Co-Payment means a particular amount an enrollee must pay before the **insurance “organization”** start off paying for a service;

Contribution means a premium payable to Kebbi Contributory Health Fund (KCHF) under the Law;

Dependents means any of the beneficiaries under a principal enrollee;

Elderly means an individual of Seventy-five years and above;

Employee means any person who is ordinarily resident in Kebbi State and is employed in the public service or private sector or an apprentice with an employer whether the contract is express or implied, oral or in writing;

Employer means an employer with five (5) or more employees which includes the Federal, State and Local Government or any Extra-Ministerial Department or a person with whom an employee has entered into a contract of service or apprenticeship and who

is responsible for the payment of the wages or salaries of the employee including the Lawful representative, successors or assignee of that person;

Enrollee means any person and any eligible dependent that pays the required contribution under this Scheme;

Exclusions These are conditions that are excluded from the benefits package of the Agency or its agent(s) is not under any obligation to provide such services

Fee-for-Service means payment for Health care services that is not covered by capitation.

Government means the Government of Kebbi State;

Governor means the Governor of Kebbi State;

Healthcare Facility Payment Mechanism means payment made by the Agency directly to a healthcare provider or through MHAs for Primary care and also Payment directly to providers for secondary care upon vetting by the Agency or authorization by the MHAs.

Healthcare Practitioner means any licensed health care personnel such as Doctors, Health Information Officers, Nurses, Laboratory Scientists, Pharmacists, Physiotherapists, and Radiographers and such as defined by the Agency;

Health Care Facility means any government or private health care provider, hospital, maternity Centre, pharmacies and all other service provider accredited and registered by the Agency for the provision of health care services under this scheme

Health program means any of the Health Care plans developed by KEHEMA in order to cover different segment of the society;

Household means a father and any five dependants including wife (wives) and biological children under the age of 18 years;

Kebbi State Health Fund (KSHF) means the sole, risk-pooling account into which all funds (premium and donations) for Contributory Health Scheme in Kebbi State shall be paid and the fund shall be managed by the Kebbi State Contributory Health Management Agency.

Medical Documents includes all prescriptions, laboratory forms, excuse duty, death certificate and other documents used in the management of patients under the scheme covered by the KEHEMA Law;

Medical Practitioner means a person with a degree registered with the Medical and Dental Council of Nigeria

Member of the Board means any person, including the Chairman who serves on the Board of KEHEMA;

MHA and CHM means mutual Health Associations registered under section 27 of KECHEMA Law to ensure health care services are adequately provided by healthcare providers approved by the Agency;

Ministry means Kebbi State Ministry of Health charged with the responsibility of supervising the Kebbi State Contributory Health Care Management Agency;

NHIA means the National Health Insurance Authority as defined in the NHIA Act No.17 of 2022 Laws of the Federal Republic of Nigeria.

Operational Guidelines means guideline approved by the Agency;

Prepaid Health Plan means any of the Contributory Healthcare programs under the Scheme;

Premium means the amount paid by the policyholder or their sponsor to purchase a health plan;

Provider Payment Mechanism means a mode of payment made directly by the Agency or any other approved entity to TPAs/HCF and other providers before and after provision of health care services, following approved capitation rate, referrals and/or professional services (specialist consultation, pharmaceutical care services, laboratory and radiological investigations etc) under this Scheme;

Public Sector means employment under the Federal, State and local Government;

Registered Healthcare Facility means any government or private healthcare facility, hospital, maternity centre, community pharmacies and all other service providers registered by the Scheme for the provision of prescribed health services for the beneficiary under this Scheme;

Resident Means any person who is ordinarily residing in the State;

Resource Mobilization means a mechanism for collecting financial resources to be spent on the Scheme;

Risk means the probability of a loss;

Risk Pooling means the management of financial resources so that large, unpredictable individual financial risks become predictable and are distributed among all members of the pool;

Scheme means the Contributory Health Scheme established under the Kebbi Contributory Healthcare Management Agency Law, 2018

Single means an individual who is not married;

Strategic Purchasing means active, evidence-based engagement in defining the service-mix and volume, and selecting the provider-mix to maximize societal objectives;

Technical Facilitator (TFs) these are NHIA accredited bodies engaged to provide both initial and on-going technical facilitation (or programme management where applicable) for the establishment and implementation of CBSHIPs. They include all NHIA accredited TPAs, Non-governmental organizations (NGOs), Civil Society Organizations (CSOs), Faith Based Organizations (FBOs) and limited liability companies, or companies limited by guaranty.

Third-Party Administrator means all organizations contracted to carry out predetermined functions on behalf of the agency for a defined period of time;

Universal Health Coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship

Voluntary Health Plan means payment above the usual premium for additional benefits

Vulnerable refers to the following categories of people, pregnant women, children under 5, the aged (as defined by the Agency), the disabled, the destitute, orphans, widows and others falling within the group;

Vulnerable persons comprise pregnant women, children under 5 years, the aged (as defined by the Agency), the physically challenged, orphans and the indigents who are not capable of paying for their healthcare needs.

Wage means remuneration in money paid to an employee under his or her contract of service or apprenticeship, as the case may be, and whether agreed to be paid at fixed or determined intervals of time.

Waiting period means a specified period that must pass before an enrollee begins to access care under the Scheme.

2.0 INTRODUCTION

2.1 Contributory Health Care

Contributory Health Care is also known as Social Health Insurance. It is a type of contribution that offers medical coverage to the beneficiary or enrollee for medical expenses whenever the need for healthcare arises including a health emergency. A Contributory Health Care plan chosen by the contributor provides coverage for different expenses including surgical, day-care, and critical illness etc.

A *Contributory Health Care Policy* is a contract between a Contributory Health Care Agency and its agent, and individual/group in which the agency or agent agrees to provide specified health cover at a particular “premium” subject to terms and conditions specified in the policy. It is important for individuals or groups to buy Contributory Health Care Plan for themselves and all members of the family. Buying Contributory Health Care Plan protects individuals, families and households from the sudden, unexpected costs of hospitalization (or other covered health events, like critical illnesses) which would otherwise make a major dent into household savings or even lead to indebtedness.

Each of us is exposed to various health hazards and a medical emergency can strike anyone of us without any prior warning. Furthermore, healthcare is increasingly expensive, with technological advances, new procedures and more effective medicines that have driven up the costs of healthcare. While these high treatment expenses may be beyond the reach of many, taking the security of Contributory Health Care is much more affordable.

1.2 Potential Benefit of Contributory Health Care

- i. Protect households from impoverishment due to high out of pocket health spending.
- ii. Increase access to and use of services where payment is normally required at the time of need.
- iii. Influence provider and consumer behavior to improve quality, efficiency, and effectiveness.
- iv. Harness private providers to address national health goals and objectives.
- v. Generate additional and more stable resources for health
- vi. Expend resources for and access to priority health services for disadvantaged populations
- vii. Assist in the equitable redistribution of resources for health to address socioeconomic and geographic inequities

1.3 Kebbi Contributory Healthcare Management Agency (KECHEMA)

Kebbi Contributory Healthcare Management Agency (KECHEMA) was established by the Kebbi Contributory Healthcare Management Agency Law No.002 of 2018. The Agency is empowered by the enabling Law to implement the Kebbi State Contributory Healthcare Scheme (KECHES).

The focus of the Agency is to:

- i. Promote, regulate, supervise and ensure the effective administration of the Kebbi State Contributory Healthcare Scheme (KECHES)
- ii. Ensure that every resident of Kebbi State is covered by a contributory healthcare policy.
- iii. Provide quality health care to all residents of Kebbi State.

1.3.1 Vision

Universal Health Coverage (UHC) for all residents of Kebbi State.

1.3.2 Mission

To ensure that all people and communities in Kebbi State have access to needed health services of good quality at an affordable cost without the risk of financial hardship linked to paying for care.

1.3.3 Motto

Mutual assistance and voluntary donation to access quality health care.

1.3.4 Functions of the Agency

The Agency is responsible for:

- a. Promoting, regulating, supervising, and ensuring the effective administration of Kebbi State Contributory Healthcare Scheme (KECHES).
- b. Ensuring the effective implementation of the policies and procedures of the contributory Healthcare Scheme;
- c. Issuing appropriate regulations and guidelines, as approved by the Board, to maintain the viability of the Scheme;
- d. The management of the Health Scheme in accordance with the provisions of the Law;
- e. Registering NHIA accredited, MHA, CHM, accredited healthcare facilities and other relevant institutions.
- f. Approving format of contracts for the TPAs/Health service managers where necessary and all Healthcare providers;
- g. Carrying out public awareness and education on the establishment and management of the Contributory Health Care Scheme;
- h. Determining, after due consideration, provider payment mechanisms due to health care providers in line with the agreed payment mechanism.
- i. Advising the relevant bodies on inter-relationship of the Agency with other social security services;
- j. Coordinating research and statistics relevant to the Scheme;
- k. Establishing quality assurance for all stakeholders;
- l. Collection, collation, analysis and reporting on monthly and quarterly reports from the CHMs MHAs and HPC;
- m. Exchanging Information and data with National Health Insurance Authority and other stakeholders;
- n. Ensuring manpower development in the Agency;

- o. Carrying out such other activities as are necessary or expedient for the purpose of achieving the objective of the Agency under the Law;
- p. Receiving and investigate complaints of impropriety leveled against and CHM, and other relevant institutions and ensure appropriate sanctions are given.
- q. Implementation of minimum package to be provided as defined under National Health Act, 2014.
- r. The definition of benefit package to be provided under the Health Plans as provided in the Law;
- s. Determine the percentage of the premium from private Health Plan that shall be payable as cross subsidy to the fund for the purpose of financing the Health Equity Plan for the poor and vulnerable.

1.3.5 Departments

The Agency has the following departments:

- i. Administration and General Services
- ii. Planning Research and Statistics
- iii. Standard and Quality Assurance
- iv. Programs.
- v. Information and Communication Technology
- vi. Finance, Supply and Investment

1.3.6 Functions of the Departments

The functions of the various departments are outlined below:

a) Administration and the General Services

The department is responsible for-day-to-day general administration of the Agency.

Specific functions include:

- i. Human Resources Management
- ii. Maintenance
- iii. General Administration

b) Planning Research and Statistics

The department is responsible for defining the strategic focus of the Agency, planning, and measurement of impact of the programs and the entire Scheme.

Specific functions include:

- i. Procurement
- ii. Strategic Planning
- iii. Annual plans and Budget
- iv. Review of guidelines
- v. Research
- vi. Monitoring and Evaluation (M&E)

c) Standard and Quality Assurance

The department is responsible for ensuring that all services provided under the Scheme are following guidelines for the provision of such services as provided in relevant national guidelines or service protocols

1. Standard and Quality Assurance
2. Accreditation and Inspection
3. Enforcement and Compliance
4. Marketing and Advocacy

d) Programs

The department is responsible for designing, coordinating, supervising and reviewing of all programs under the scheme based on actuarial studies and relevant policy guidelines

Specific functions include:

- i. Design of programs (Formal Sector, Informal Sector, Health Equity programme etc.).
- ii. Coordination of programs.
- iii. Programme supervision.
- iv. Periodic review of programs.

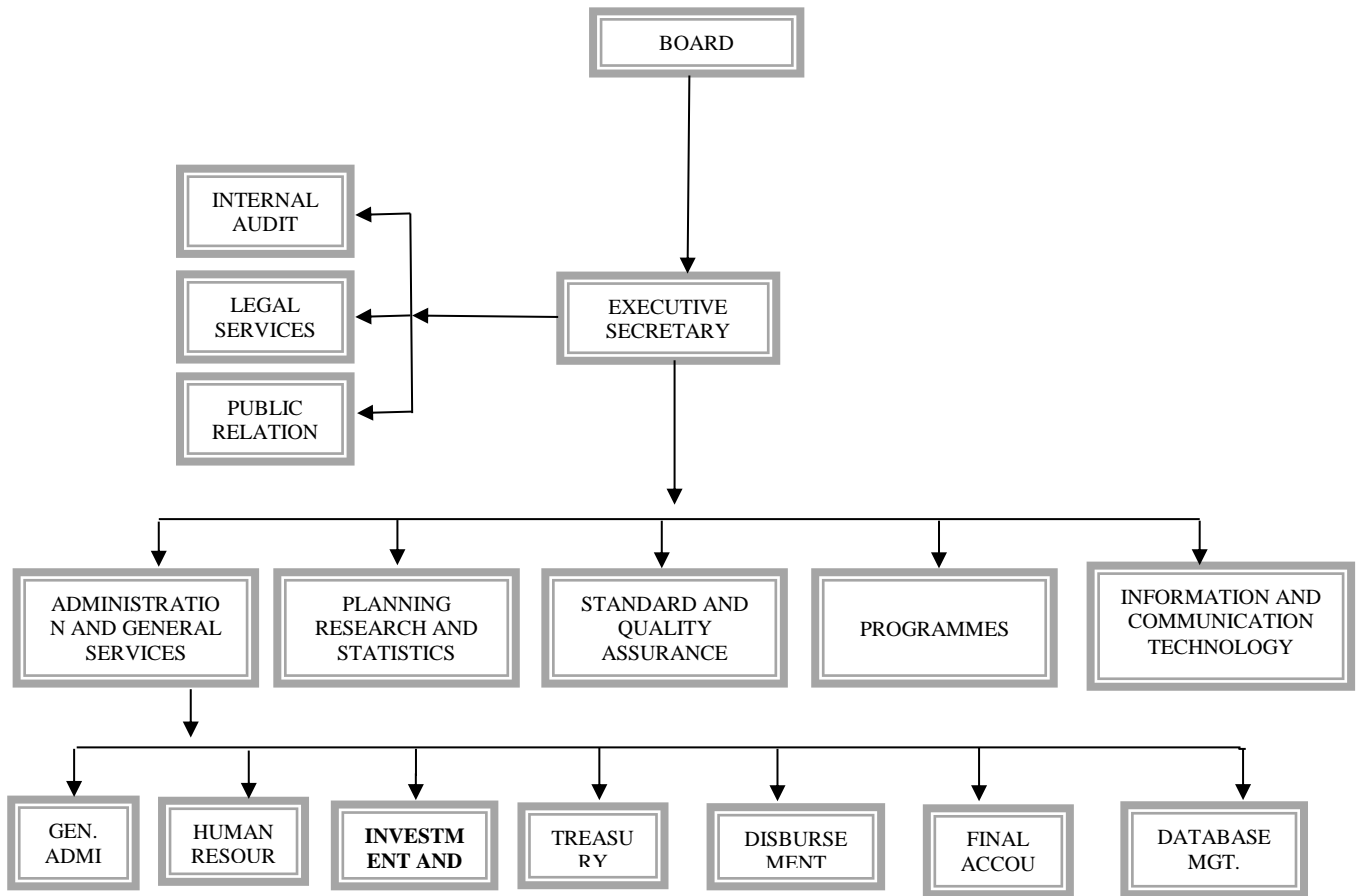
e) Information and Communication Technology (ICT)

The department is responsible for provision and maintenance of all information and communication technology, soft and hardware of the Agency.

- v. Registration of enrollees.
- vi. Development and maintenance of the Agency's database.
- vii. Update and publishing of enrollee database and distribution to all registered service providers.
- viii. Production of identity cards for enrollees.

1.3.7 Organizational Structure

Figure 1: Organogram of KECHEMA



1.3.8 Human Resource Requirements

Table 1: Human Resource Requirements

S/N	Office/Department	Personnel	No. Required		
1	Office of the Executive Director/CEO	Executive Secretary Executive Officer/PA Confidential Secretary	1 1 1		
2	Administration and General Services	Director Deputy Director Executive Officers Confidential Secretary Messengers, Cleaners & Security Personnel	1 1 3 1 12		
3	Finance and Accounts	Director Deputy Director Accountants Store officer Auditor	1 1 3 1 1		
4	Planning Research and Statistics	Director Deputy Director Middle level officers M & E Officers	1 1 2 4		
5	Standard and Quality Assurance	Director Deputy Director Middle level officers QA Officers Call center staff	1 1 2 4 4		
6	Program	Director Deputy Director Program officers	1 1 3		
7.	Information and Communication Technology (ICT)	Director ICT Officers	1 8		

2.0. STAKEHOLDERS

2.1.1 Kebbi State House of Assembly (KBHA)

The House shall have the following role to play in the scheme:

- a) To ensure the effective amendment of the Law whenever the need arises.
- b) To liaise with all stakeholders during the amendment of the Law.
- c) To harmonize the provisions of the Agency Law in relation to other Health related enactments.
- d) Oversight functions.
- e) Support the Agency in resource mobilization especially with regards to equity funds disbursement, budget provision and release among others.

2.1.2 Office of the Head of Civil Service

- a) Provide updated nominal role of all public servants of the State to the Agency.
- b) Deployment of relevant Staff to the Agency.
- c) Provide periodic guidance on the Human Resources management and general administration of the Agency.
- d) Recommends to the Executive Governor the person to be appointed as the Executive Secretary of the Agency.

2.1.3 Ministry of Health

The State Ministry of Health supervises the activities of the Agency. These include:-

- a) Recommendation to the Head of Civil Service on the deployment of relevant staff to the Agency.
- b) Regular supervision to ensure activities of the Board and Agency conform to the law and objectives of the Scheme.
- c) Recommendation for the appointment of Executive Secretary for the Agency.
- d) Nomination of representative of the Ministry into the Board of the Agency.
- e) Ensure processing of requests for funds on behalf of the Agency.
- f) Ensure that the Agency benefits from the provisions of the National Health Act.
- g) Facility upgrade to meet accreditation requirements for registration into the Scheme.
- h) Support its health facilities to secure accreditation from National Health Insurance Scheme (NHIA) and KECHEMA.
- i) Ensure accountability in the use of funds from the Scheme.
- j) Regular supervision to ensure standards of infrastructure and services are maintained.
- k) To advise private health facilities to source their drugs and consumables through sustainable drugs supply systems (SDSS) provided by the Drug and Medical Consumables Management Agency (DMCMA)..

2.1.4 Kebbi State Primary Healthcare Development Agency (SPHCDA)

The Agency will have the following role in the Scheme:-

- a. Facility upgrade to meet accreditation requirements for registration into the Scheme.

- b. Support its health facilities to secure accreditation from National Health Insurance Scheme (NHIA)/ KECHEMA.
- c. Appoint focal persons that will liaise with KECHEMA.
- d. Ensure accountability by monitoring the use of funds by healthcare facilities under the Scheme.
- e. Regular supervision to ensure standards of infrastructure and services are maintained at PHC level.

2.1.5 Ministry of Finance

- a) Ensure prompt release of contributions to the Agency.
- b) Advice in the selection of approved Banks for opening of Agency's Account.
- c) Provide guidance of financial management and procedures.
- d) Posting relevant human resource to the Agency.
- e) Appoint a representative into KECHEMA Governing Board.

2.1.6 Ministry of Budget and Economic Planning

- a) Create budget line for the Agency.
- b) Ensure allocation of resources in the annual State Budget.
- c) Assist in mobilizing development partners to support the Agency.
- d) Appoint a representative into KECHEMA Governing Board.

2.1.7 Ministry of Justice

The Ministry of Justice has the following roles:

- a) To appoint a representative into KECHEMA Governing Board.
- b) To guide the Agency on the interpretation of the Law.
- c) To give legal advice to Agency in case of dispute/arbitration.
- d) To prosecute offenders against the Law of the Agency.
- e) To review and amend the Law, when the need arises.

2.1.8 National Health Insurance Authority (NHIA)

- a) Guide the Agency in the development of legal framework.
- b) Support continuous capacity building and regular review of the State Contributory Healthcare Management Scheme.
- c) Share best practices.
- d) Conduct accreditation and re-accreditation of healthcare facilities and TPAs jointly with KECHEMA.
- e) Carry out advocacies to the leadership at various levels of the state to ensure smooth conduct of Contributory Healthcare Scheme in the state.
- f) Assist the Agency in community mobilization, registration as well as sensitization of enrollees.
- g) Assist the Agency in the operationalization of the State Social Health Insurance Scheme (SSHIS).
- h) Appoint a representative into the KECHEMA Governing Board.

2.1.9 Ministry for Local Government and Chieftaincy Affairs and LG Councils

The Ministry shall appoint a representative into the governing Board of the Agency. The duties of the Ministry include the following:-

- a) Ensure prompt release of equity funds (Not less than 1% LGA consolidated revenue)
- b) Prompt release of formal sector contribution (LGA, UBE Employees).
- c) Appoint a representative to KECHEMA Governing Board.
- d) Ensure Standard Quality Assurance is maintained at PHC level.
- e) Establish feedback mechanism between beneficiaries and KECHEMA.
- f) Assist in formation of mutual health association within their domain.
- g) Assist KECHEMA in Advocacy, community mobilization and sensitization.

2.1.10 State Agency for the Control of AIDS (SACA)

- a) To appoint a focal person that will liaise with the Agency.
- b) Collaborate with the Agency on issues related to HIV/AIDs enrollees.
- c) Assist participating HCFs in the provision of commodities.

2.1.11 Ministry of Women Affairs and Social Development

- a) To mobilize women groups and associations to participate in the Informal Sector programme.
- b) To mobilize funds, support social welfare homes' participation in the scheme.
- c) To appoint a focal person that will liaise with the agency.

2.1.12 Labour Unions

- a) Nominate 2 representatives as members of the KECHEMA Governing Board.
- b) Conduct sensitization of its members participating in the Scheme.
- c) Establish independent monitoring committee to ensure enrollees have access to the qualitative healthcare services.
- d) Negotiate with the employers of labour on rate of contributions per employee and employer.

2.1.13 Civil Society Organizations (CSOs)

- a) Nomination for the appointment of a representative as a member of the Board.
- b) Register as TPAs to support specific functions as determined by the Agency.
- c) Support sensitization of the general public on the benefits of the Scheme.

2.1.14 Third Party Administrator (TPAs)

- a) Independent verifiers of quality of services provided to enrollees.
- b) Assess whether healthcare facilities are receiving capitation correctly and timely in line with the provider payment system.
- c) Assess whether healthcare facilities are getting fee-for-service as the need arises.
- d) Any other assignment agreed between TPAs and the Agency.

2.2 FINANCIAL MANAGEMENT

The Agency is a quasi-public institution which is autonomous and guided by the Law establishing it and financial regulations of Kebbi State.

2.2.1 Banking

The Agency shall maintain three (3) bank accounts as advised by the Accountant General of the State. Namely

- a) Kebbi Contributory Healthcare Fund.
- b) Kebbi Equity Fund.
- c) Expenditure Account of KECHEMA.

2.2.2 Kebbi Contributory Healthcare Fund

This is the sole, risk pooling account in which all funds for formal and Informal programs of the contributory healthcare Scheme shall be paid into. These include:

- Take-off grant from State Government to the Agency.
- Monthly contributions from salaries of public servants.
- Contributions from students of tertiary institutions at the beginning of every session in line with the guidelines of Tertiary Institutions Contributory Health Program (TICHP)
- Monthly employer and employee contributions from Private sector.
- Revenue generated by the Agency.
- Contributions from individuals, families, associations and other groups from the informal sector,
- Other appropriations earmarked by the National, State and Local Governments purposely for the implementation of the scheme. Funding from Philanthropists.

2.2.3 Kebbi Health Equity Fund

This is an account where all fund for the vulnerable group program of the contributory healthcare scheme shall be paid into. This consists of:

- a) Donations from philanthropists.
- b) Funding from Donor Agencies.
- c) At least 2% of Consolidated Revenue of Kebbi State
- d) At least 1% of Consolidated Revenue of Local Government
- e) At least 2% of Contract sum.
- f) Basic Healthcare Provision Fund.
- g) Contribution from Zakkat and Endowment Fund. All other money which may from time to time accrue to the Agency for the vulnerable groups program.

2.2.4 Expenditure Account of the Agency

- a) Administrative fees
- b) Grants and donations
- c) Overhead cost and personnel emolument.
- d) Fines and commissions charged by the Agency
- e) Budgetary allocation from KBSG.

2.2.5 Signatories to Accounts of the Agency

- a) Executive Secretary (A)
- b) Director Finance and Supply (B)
- c) Accountant (C)

2.2.6 Payment for Capitation

- a) All healthcare providers shall open separate accounts for transaction with the Agency.
- b) Payment for capitation shall be done on monthly basis in advance on or before 15th day of the preceding month by the Agency to the healthcare providers.
- c) Payment for capitation shall be effected upon satisfactory presentation of enrollee-register and fulfillment of contractual terms.

2.2.7 Payment for Fee-for-Service

- a) Payment for fee for service shall be done on monthly basis by the Agency to the healthcare providers.
- b) Payment shall only be effected upon satisfactory presentation of evidence that service has been rendered.
- c) The services rendered are part of the benefit package as specified by the authorization code duly issued by the Agency.
- d) All payments for fee-for-service shall be presented to the Agency on or before the last working day of the month.

2.2.8 Management of Reserved Funds

Reserved funds can be used to:-

- a) Principally absorb primary and secondary risks of the Agency.
- b) Money not immediately required by the Agency can be invested ONLY in non-interest Investment.

2.2.10 Payment to Third Party Administrators (TPAs)

- a) TPAs can be engaged for any assignment or task contracted to them by the Agency and payment can be made upon:
 - i. Satisfactory completion of the contracted task.
 - ii. Submission of relevant reports and other means of verification.
 - iii. Any other requirement specified in the terms of engagement.
- b) Payments shall be made through cheque or e-payment into bank account of the TPAs.

2.3 Sources of Funding

Currently, the major sources of funding for healthcare services in Kebbi State include the state government budgetary allocations for the Ministry of Health and Out-Of-Pocket (OOP) payments. The OOP payments account for the largest share of healthcare expenditure in the State, which means households bear the biggest share of the burden of health expenses with little or no financial protection.

The law establishing the Kebbi Healthcare Management Agency stipulated its funding sources as follows:

- i. The initial take –off grant from the Kebbi State Government;
- ii. Formal sector Fund; comprising of contributions from public and private sector employers and employees;
- iii. Contribution from the informal sector;
- iv. Equity Fund; comprising of contribution of not less than 2% of consolidated Revenue Fund of the Kebbi State Government.
- v. Funds from NHIA for pregnant women, children under five (5) Years and other relevant programs.
- vi. Equity Fund; comprising of contributions of not less than 1% of consolidated Revenue Fund of the local Governments. Funds from NHIA for pregnant women, children under five (5) Years and other relevant programs.
- vii. 5% of employee’s basic monthly salaries to be contributed by employees
- viii. 10% of employee’s basic salaries to be contributed by employers
- ix. Contributions from tertiary institutions contributory HealthCare Programs (TICHP)
- x. Contribution from Retirees
- xi. Donations or Grants–in-Aid from private Organizations and non-Governmental Organizations from time to time;
- xii. Fines and commissions charged by the Agency;
- xiii. Other appropriations earmarked by the National, State and Local Government’s purposely for the implementation of the scheme;
- xiv. The Zakat and endowment commission shall contribute 2%
- xv. Each contractor in the state shall contribute 2% of every contract sum;
- xvi. The Governor of the State may organize a Fund raising dinner annually for the Agency.
- xvii. Contribution from international partners operating in the State.
- xviii. All other money which may, from time to time, accrue to the Agency.

2.4 Kebbi State Contributory Healthcare Scheme (KECHES)

Kebbi Contributory Healthcare Scheme has the following programs:

1. The Kebbi Contributory Health Plan (KCHP) for the Informal sector which includes the community based and voluntary programs
2. The Kebbi Contributory Health Plan (KCHP) for the Formal sector which is a contributory plan for all public and private sector employees, including the tertiary institution social health insurance Plan (TISHIP) and retirees.
3. The Kebbi Equity Health Plan for the vulnerable groups (pregnant women, children under 5years, Orphans, Elderly > 75years, indigents

2.5 Objectives of KECHES

- i. Ensure that all residents of Kebbi State have access to effective, quality and affordable healthcare services;

- ii. Protect families from the financial hardship of huge medical bills.
- iii. Limit the inflationary rise in the cost of Health Care service;
- iv. Ensure equitable distribution of Health Care cost across different income groups;
- v. Maintain high standard of Healthcare service delivery within Health sector;
- vi. Improve and harness private sector participation in the provision of Healthcare services;
- vii. Ensure adequate distributions of Healthcare facilities within the State;
- viii. Ensure the availability of alternate sources of funding to the Health Sector for improved services;
- ix. Ensure evidence-based decision making in health sector by providing quality data.

2.6 Accessibility of Care

- i. Selection of Health facility shall be based on ward/place of residence. All enrollees are encouraged to choose a PHC as their primary care provider within the proximity of their residence except in peculiar circumstances.
- ii. The Agency shall encourage even spread of accredited health facilities to facilitate easy access even in hard to reach areas.

2.7 Data Privacy and Security

All patients' data will be strictly confidential, and all records kept with the Agency. All data generated including data from outsourced services, in the course of the implementation of the scheme are strictly the property of the agency and cannot be used for any other purpose without the expressed permission of the Agency

3.0 PROGRAMMES

3.1 FORMAL SECTOR.

The Formal Sector Contributory Healthcare Programme is for the following groups of people:

- a. Kebbi State Public Sector Employees (State and Local Government).
- b. Organized Private Sector (OPS) for organizations with a minimum of five (5) staff.
- c. Tertiary Institutions Contributory Health Program (TICHP).
- d. Retirees.

3.1.1 Contributions

For the organized private sector and the public sector, the employer and the employee shall agree on the rate of contribution and then negotiate with the Agency. However, either the employer or employee may decide to pay the entire contribution. The basis for negotiation shall be 5% and 10% basic salary contribution from the employee and employer, respectively.

For students, payment of contribution shall be per academic session based on negotiation with the Agency.

For retirees, contribution rate is to be determined by the Agency after due consultation with relevant stakeholders.

3.1.2 Waiting Period

There shall be a processing/waiting period of sixty (60) days before an enrollee can access healthcare services.

3.1.3 Scope of Coverage

- a. The contributions cover an employee and any four (5) members of his family.
- b. Principals are entitled to register additional dependents, upon payment of the premium rate of informal sector community based plan. The dependent must be a wife, or biological children below the age of 18 years, who are not registered in any other program under the Scheme.
- c. Birth certificate of the children must be provided at the point of registration for authentication.
- d. The enrollees should note that multiple registration and that of an ineligible dependents/spouse is a criminal offence punishable by law.

NB: All fees are subject to the conduct of an actuarial costing of the benefit package.

3.1.4 Registration of Employers and Employees

The registration of prospective enrollees shall be the responsibility of the Agency. However, the Agency may engage the services of TPAs for a period.

- a. All registration process shall be online through direct capture.
- b. Every registered employer shall supply the following information:-
 - i. Name of employer
 - ii. Category of employer (public or private)
 - iii. Nominal rolls containing staff details and basic salaries.
- c. The Agency shall bear the cost of initial production of enrollee identity card(s)

- d. The enrollees shall bear the cost of production of:-
 - i. Replacement of enrollee identity card(s).
 - ii. Change of name, employment data.
 - iii. Above shall be done at the cost of N500 subject to review by the Agency.

3.1.5 Procedure for Change of Primary Healthcare Facility/Addition of Dependents.

- a. The enrollee shall obtain change of Healthcare facility/update form(s) from his/her MDA or the Agency after payment of the specified fee into the Agency's account. The principal enrollee shall complete the form; attach his/her passport photograph along with a duly signed application letter and evidence of payment, to be submitted by the MDA Focal person to the Agency.
- b. The enrollee shall bear the cost of producing new identity card(s) in cases of update or addition of dependent(s).

3.1.6. Rights and Privileges of Beneficiaries

Beneficiaries of the KECHES have the following rights and privileges:

- i. Be treated with respect, dignity, and privacy;
- ii. Receive information about the Scheme, its benefits, policies, and participating providers
- iii. Access care at no additional cost for covered services from empanelled public or private providers after proper identification at the care facility without any discrimination or prejudice;
- iv. Receive complete course of treatment and generic medications for covered services
- v. Change their primary care provider/receive services from any designated PHC as stipulated on the acceptable reasons for the change after 6 months from the date of enrolment.
- vi. An enrollee can change his/her provider as a result of relocation, dissatisfaction with the quality of service of his/her chosen healthcare provider after approval has been secured from the Agency. Enrollees will be required to complete a change of provider form to effect this change and for documentation purposes. All applications for change of provider shall be processed within 3 months from the date of receipt of such application by the Agency.
- vii. Where enrollee's provider is delisted, the beneficiaries will be interimly transferred to another provider within the same ward/vicinity pending when the beneficiaries indicate their preferred choice of provider within the provider network;
- viii. In the case of emergency, enrollees can access healthcare services at any accredited healthcare facility within the vicinity of the incident. Enrollees are required to contact their TPA or the Agency for proper identification and authorization of treatment within 24-48hours of commencement of treatment. Where the enrollee is not eligible to access health care services, the HCP shall

- recoup the cost of the medical services provided from the enrollee using the agreed tariff of the KECHES;
- ix. Voice complaints and grievances about the quality of services obtained at the provider and receive a timely response to address dissatisfaction;
 - x. Confidential management of their medical information
 - xi. Access to their medical record in accordance with the National Health Act.

3.2 INFORMAL SECTOR

3.2.1 Community Based Contributory Health Care Scheme

3.2.2 Definition:

Community Based Contributory Healthcare Scheme is a non-profit contributory health care scheme for a cohesive group of household/individuals or occupation-based groups, formed on the basis of mutual relationships and the collective pooling of health risk, in which members take part in its management. Existing CBHI schemes shall be merged into a central pool for management by KEHEMA under its Kebbi Contributory Health Plan.

3.2.3 Membership

It shall be voluntary (Families) of the participating communities/occupation based groups. The family or individual shall be the unit of registration. In order to achieve a critical pool of funds to ensure financial viability, as well as to address the problem of adverse selection, communities/occupation based group shall have a minimum of One Thousand (1000) financially active committed members.

3.2.4 Registration Procedures

Registration of enrollees shall be by BOT. Each programme shall have a clearly defined procedure for registering enrollees as well as form of identification (such as membership card) to assist in the identification of members.

3.2.5 Benefit package

Same as in Formal sector programme.

3.2.6 Contribution/Premium

This shall be actuarially determined flat rate fee per individual member of a community or an occupation-based group and paid into Kebbi Health Fund account annually or seasonally in advance. It is to be determined by the Agency and approved by the Board from time to time.

3.2.7 Equity Health Program for the Vulnerable Group:

3.2.7a Definition:

Vulnerable Group Healthcare Programme is designed to provide Healthcare Services to Persons who experience a higher risk of poverty and social exclusion than the general population such as pregnant women, children under five, physically/mentally challenged persons, the aged (above 75 years) etc. as may be defined by the Board from time to time. This group constitutes the main beneficiary of Kebbi Equity Health Fund.

3.2.8 Donations

Programme managers may seek for donations/grants by way of formal launching/fund raising events or by targeting individuals, governmental and Civil Society Organizations including private companies, aimed at boosting the financial base of the Scheme.

3.2.9 Benefit Package and Enrollee Rights are the same as for the Informal sector

3.2.10 Community Health Models

The Kebbi Contributory Health Management Agency (KECHEMA) is adopting the following models for community-based contributory healthcare scheme, with BoTs as Program Managers and Technical Facilitators.

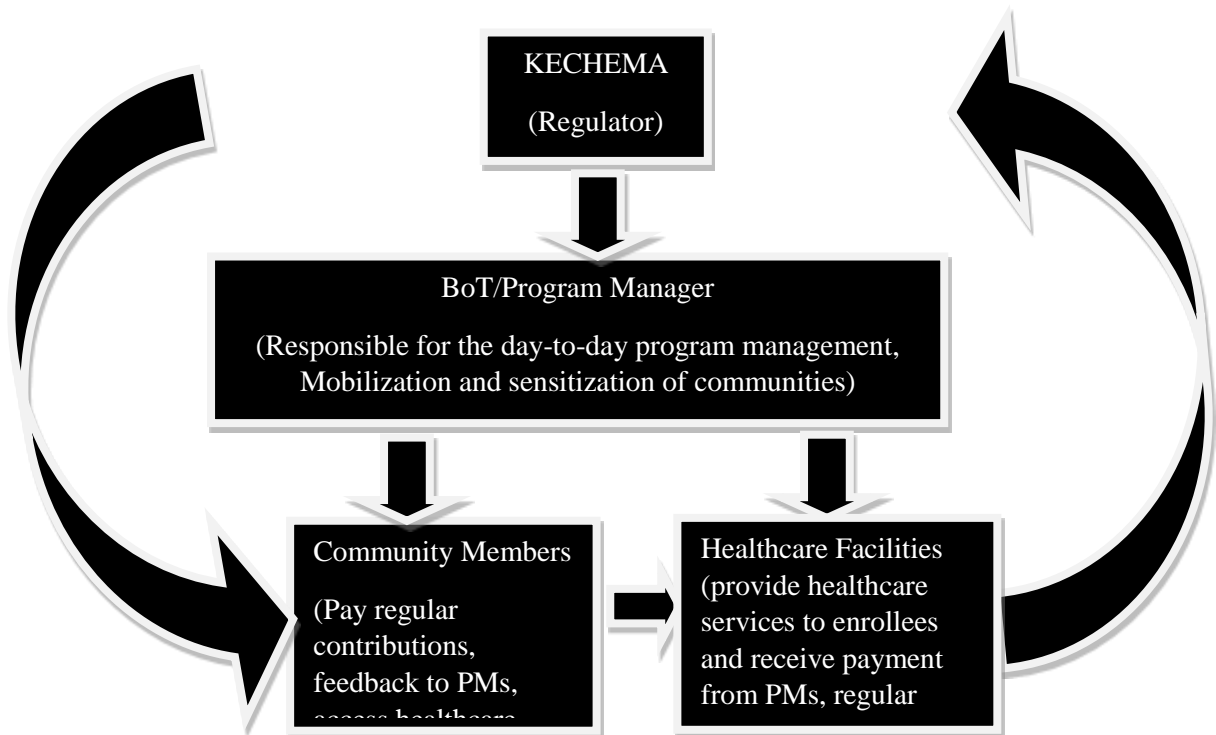


Fig 3.1 *In this model, the community elected Board of Trustees (BoTs) shall serve as the programme managers of the Community Contributory Health Care Program. They shall be responsible for the day-to-day management of the program, including engagement with other stakeholders.*

If the community elected BoTs does not have the technical capacity to carry out this program, the Agency or third-party administrator shall provide the requisite technical support.

In this model, the BoT relinquishes technical management functions to Technical Facilitators (TF), performing only functions ascribed to BoT. essentially the BoTs gives policy guidelines and serves to recruit and monitor community members into the scheme. The TF implements policy guidelines.

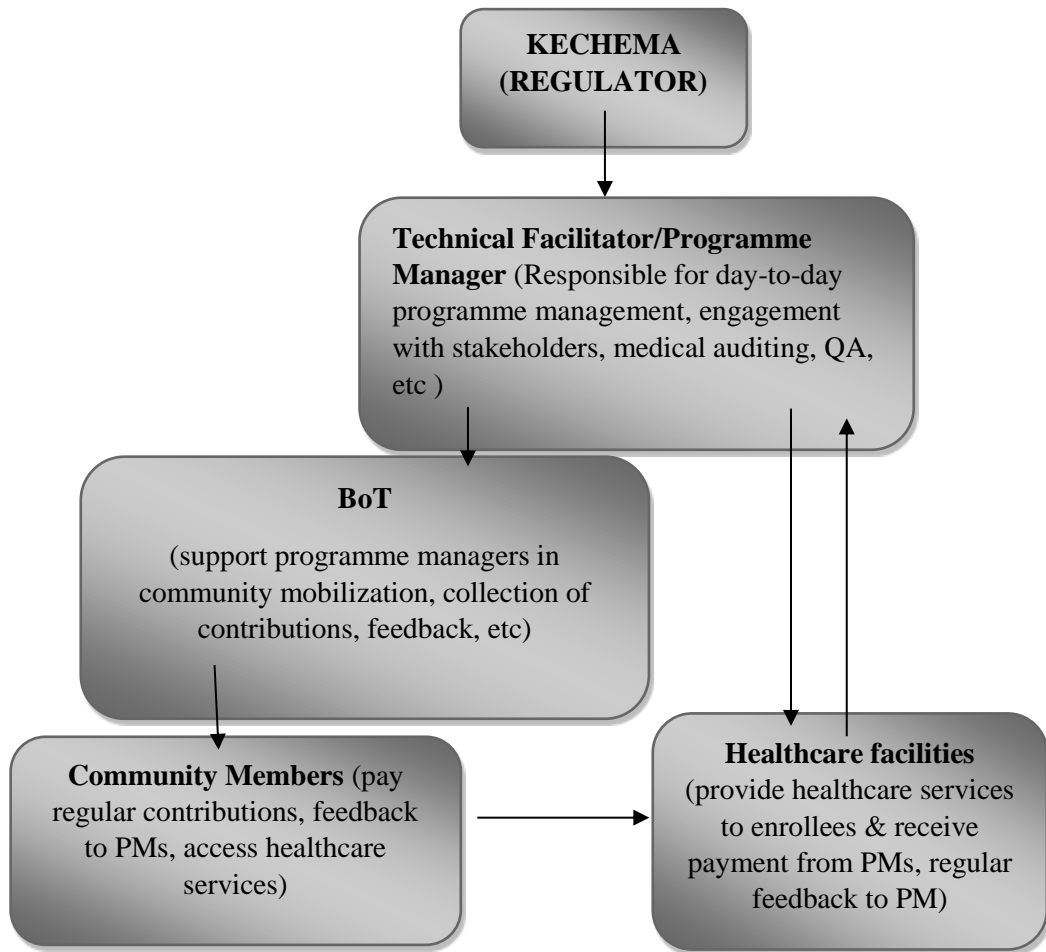


Fig.3.2 *In this model, the BoT relinquishes technical management functions to TFs, performing only functions ascribed to BoT. essentially the BoT gives policy guidelines and serves to recruit and monitor community members into the scheme. The TF implements policy guidelines.*

3.3 ROLES AND RESPONSIBILITIES

3.3.1. Roles and Responsibilities of Healthcare Facility

- a) Secure appropriate registration with Agency
- b) Provide services as agreed with the community in the benefit package.
- c) Comply with Agency Operational Guidelines.
- d) Sign contract agreement with the Agency.
- e) Ensure enrollees satisfaction.
- f) Provide feedback on utilization of services and other data to the Agency.
- g) Report any complaint to the Agency and other participating TPAs.

3.3.2 Roles and Responsibilities of the Agency

- a) Setting guidelines and standards for the program.
- b) Registering Healthcare facilities and participating TPAs.
- c) Carrying out continuous Quality Assurance to ensure qualitative healthcare services delivery and program management.
- d) Providing technical support.
- e) Conducting advocacy and sensitization.
- f) Carrying out other activities to ensure the viability of the program.

3.3.3 Roles and Responsibilities of the BOTs or TPAs

- a) To ensure transparency and accountability in the implementation of the Scheme.
- b) Mobilization and sensitization of community members.
- c) Feedback channel between the enrollees and the Agency.
- d) Source funds to ensure sustainability of the program.
- e) Any other role and responsibility stipulated by agreement with the Agency.

4.0 OPERATIONAL ISSUES

4.1 Organization of Health Services

Healthcare services will be provided through two levels of service arrangement by public and private health facilities. These are primary and secondary services.

4.1.1 Primary Healthcare Services

These refer to the entry point and point of first contact of enrollees with the Healthcare Facilities. They serve as the gatekeepers to the scheme. They provide preventive, promotive and curative services. They are registered by NHIA/KECHEMA as primary healthcare providers.

4.1.2 Secondary Healthcare Services

These refer to specialized services to enrollees referred from the primary level of care after authorization from the Agency or assigned TPA(s). In case of emergency, direct referrals without recourse to the agency or assigned TPA(s) can be made. However, the Agency or assigned TPA(s) must be notified within 24 hours. All NHIA accredited General Hospitals, Teaching Hospitals and Specialist Hospitals will provide secondary healthcare services. They are registered by NHIA as secondary healthcare providers.

4.2 REFERRAL

There are three levels of health care delivery in Nigeria: the primary, secondary and the tertiary levels of care. KECHEMA recognizes these three levels and has organized the delivery of health services under the Scheme in line with these levels. However, the existing KECHEMA benefit package only covers primary and secondary services.

The primary health care system is the point of first contact of patients with the health system. Patients are then referred from here to other levels of health care. The primary healthcare system will serve as the gatekeeper for all cases in order to guarantee equitable distribution of services, help to strengthen the primary health care system and ensure efficiency.

All cases listed under the primary level of care in the KECHEMA Health Benefit Package (see above) shall be treated at the primary healthcare level, whereas every other case shall be referred to higher levels of care (i.e. secondary or tertiary healthcare level). Designated secondary and tertiary level facilities shall include public and private hospitals as outlined in KECHEMA's Provider list.

Referral Procedures

These include all the necessary activities carried out to enable the transfer of a secondary case, as indicated in the benefit package, from a primary care provider to a secondary care provider. All patients will be required to report to a primary care provider first. The primary care provider shall make an initial diagnosis and stabilize the patient if in a critical situation and then refer to a secondary care provider for further management, where indicated. The referral process must be prompt and devoid of delays from the

primary care provider, KECHEMA and other stakeholders involved in the referral process.

4.3 Stakeholders involved in the Referral Process and their responsibilities.

4.3.1 Primary Care Provider (PCP)

1. The primary care provider receives the patient.
2. The front desk officer cross-checks patient's name on the enrollee register and verifies eligibility to access health care
3. Patient is granted access to the appropriate health care worker for a consultation.
4. Healthcare worker examines patient, makes a diagnosis and stabilizes patient if in critical condition.
5. Healthcare worker establishes that the case is a secondary case and writes out a referral letter and fills the referral form. (See Referral form attached as annex)
6. The health care worker shall consult KECHEMA to determine the proper secondary care provider to refer the patient to, and clearly indicate the secondary provider on the referral letter and the referral form. In determining the second care provider for referral, the health care KECHEMA shall take into consideration proximity, providers' specialties and competencies, and any other extenuating patient preferences
7. The healthcare worker shall handover the referral letter to the desk officer who will establish a link with KECHEMA for a referral code. The links can be established via agreed communication channels between the provider and KECHEMA. These may include, but are not limited to via the online portal, through voice calls, emails or SMS short code. Regardless of the channel used, KECHEMA shall commit to ensuring a referral code is issued within a maximum of 10 mins from the provider's initiation of contact
8. The desk officer shall write the issued pre-authorization code clearly on the referral letter or the referral form.
9. The referral letter and form are handed over to the patient to proceed to the secondary care provider

4.3.2 KECHEMA's SQA Department

1. The Contact Centre Unit of the SQA Department of KECHEMA shall be responsible for issuing pre-authorization codes to primary care providers referring patients to higher levels of care
2. For this purpose, KECHEMA shall ensure the set-up of a functional contact center for referral purposes with the following features:

- The Contact Centre Unit shall be managed by a knowledgeable Doctor/Nurse/Pharmacist from the SQA department while the KECHEMA ICT department will provides technical/administration background support.
 - Constant power source and rotational duty of Contact Centre representatives to enable 24 hours service
 - The Contact Centre can be manned by para-medical graduates.
3. As soon as it gets the request for pre-authorization code from a primary care provider, the Contact Centre shall check the panel list for the patient's eligibility to receive referred service. This shall be done in real time
 4. The following data will be verified before a pre-authorization code is generated and issued:
 - Name of enrollee, gender, age, address and phone number
 - Referral location (Name of HCF)
 - Enrollee KECHEMA number
 - Referring HCF unique identification number
 - Referral date and time
 - Clinical findings/investigations and results
 - Treatment administered before referral
 - Provisional diagnosis
 - Reasons for referral
 - Referring personnel's name, signature and phone number
 - If using a software, all the above will be stored automatically, but if not, the Contact Centre shall use a spread sheet to record all the above.
 5. The Contact Centre representative shall generate a software enhanced code or a manually generated code and transmit the code to the primary care provider
 6. This process shall not take more than 10 minutes.
 7. Timeliness in issuing referral codes by Contact Centre representatives shall be monitored by the Head of the Contact Centre Unit and used as a performance metric for the representatives
 8. The Contact Centre staff shall generate reports every month and submit the report to the Director, SQA of KECHEMA. Information required in the monthly report are:
 - Total number of referral codes issued.

- Total number of referral codes issued via the contact center telephone system, portal, emails and SMS.
 - Received requests from primary care providers for referral via email, SMS, calls or portal.
 - Total number of referral requests not approved.
 - 10 most prevalent secondary cases represented in a table, bar chart and pie chart.
 - The 3 secondary care providers with the highest number of referred cases and 5 major illnesses or procedures managed by the facilities.
 - Total number of complaints handled by the Contact Centre.
 - The average response time per month.
 - Total number of dropped calls per month
9. The Contact Centre representative shall not issue a pre-authorization code in the following situations:
- If the diagnosis or reason for a referral request from the primary care provider is covered by capitation
 - If the procedure or medical intervention is not medically necessary or appropriate.
 - If the medical intervention is on the exclusion list (Not covered by KEHEMA)
 - If the enrollee did not pass eligibility test (name not on the panel list)

Precaution and Control

These are internal control mechanisms or procedures that the Contact Centre staff should adopt staff before issuing pre-authorization codes:

1. Use the benefit package while issuing authorization code
2. Primary cases are covered by capitation; hence authorization codes should not be issued for referral for illnesses covered by capitation.
3. Contact Centre staff should escalate any request for referral to the Medical Doctor/Nurse/Pharmacist in charge of the Contact Centre or the Director of SQA if he/she is not conversant with the diagnosis, procedure or reason for referral.
4. Every referral must be medically necessary, and every procedure must be medically appropriate.

5. If the medical intervention is partially covered (co-insurance is involved), the primary care provider should be asked to inform the patient that he/she shall pay a part of the cost of intervention.
6. Authorization codes should be re-obtained by the secondary facility if further procedures are to be done apart from that for which initial code was obtained.
7. Case Management, Care Coordination and discharge planning are important to curtail over treatment/moral hazard from facility. Under fee for service, providers are incentivized to increase the number of services delivered, possibly above what is medically necessary (“supplier-induced demand”) and therefore increase reimbursements from the payer. To manage this, a fixed cap (ceiling) on costs or number of visits per year may be imposed or the coordination/discharge planning process may be used
8. If requests for pre-authorization are denied, the primary care provider must be notified in writing within 24 hours stating reasons for denial. All unauthorized referral requests must be documented by the Contact Centre
9. Referred cases must be sent back by the Specialist after completion of treatment to the referring healthcare facility, with a medical report and instructions for follow-up management.
10. In emergency cases, secondary or tertiary care providers within KECHEMA network can treat but must notify the Contact Centre within 48hrs of treatment otherwise fee for service claims shall be denied when submitted.

4.4 PROVIDER PAYMENT

- a) Healthcare facilities under the scheme shall be paid by the Agency through capitation and/or fee-for-service.
- b) Enrollees will pay 10% co-payment (where applicable) of the total cost of **DRUGS ONLY** dispensed per prescription.
- c) Payments for capitation to healthcare facilities will be done directly by the Agency on or before 15th of every month.
- d) Payment for fee-for-service will be done by the Agency monthly on completion of referral procedure and submission of claim by the facility that provided the service.
- e) Payment of services rendered by the assigned TPA(s) will be made by the Agency monthly after satisfactory execution of the assigned responsibilities.
- f) Co-payment is not applicable to informal sector programs.

4.5 FUNDS FLOW

- a) There shall be a contract between Agency and Accredited Healthcare Facilities. All treatment schedules must be standardized using disease management guidelines and treatment protocols approved by FMOH and SMOH.
- b) Capitation to Primary care provider shall be paid monthly by the Agency at least 15 days before due date.

- c) The fee schedule shall be as contained in the Agency's professional charges, Laboratory, Radiography/Ultrasonography and Drug Price Lists.
- d) Fee-for-service claims from facilities to the Agency shall be submitted monthly and settled within a minimum of 30 days of receipt.
- e) The Agency shall set up claim's validation desks for specific secondary care service referrals such as pharmacies, labs, x-ray etc. to ensure prompt processing of claims.
- f) In case of dispute, the Agency shall pay what is deemed due according to the fee schedule of payment within the stipulated period, while the dispute is subject to arbitration.

4.5.1 Secondary Care Providers

- a) The Secondary Care Provider i.e. clinics and hospitals registered shall be paid by fee-for-service by the Agency.

4.6 Funds Utilization Formula

Funds pooled by the Agency shall be utilized as follows:-

a) Benefit Package		
i. Capitation	-	65%
ii. Fee-for-service	-	15%
iii. Agency Administrative Charges	-	5%
b) Third Party Admin (TPA) charges	-	5%
c) Information Technology (IT)	-	5%
d) Reserved Fund	-	5%
Total	-	100%

4.7 HOSPITALIZATION

- a. Enrollees of the scheme are entitled to 21 cumulative day's hospitalization per annum in standard wards with the exclusion of meals. However, if hospitalization exceeds the stipulated period, the enrollee will pay for the additional cost for bed space, while the agency will continue to pay for the service.
- b. In cases of Cerebrovascular Accidents and Orthopedics, the enrollee is entitled to hospitalization in a standard ward for 6 cumulative weeks. The cost shall be borne by the Agency.

4.8 RISK MANAGEMENT

4.8.1 Primary Healthcare Risk

- a) This shall be borne by the Primary level of care that shall be paid a monthly capitation in advance on behalf of every enrollee registered with the healthcare facility. This payment shall be made directly by the Agency.

4.8.2 Secondary Healthcare Risk

- a) This shall be borne by the Agency which shall pay for secondary services based on fee-for-service monthly, on completion of the services to authorized referred enrollees.

4.8.3 Moral Hazard

- a) The gate keeping function of the primary provider before referral is to check moral hazard at secondary level.
- b) Strict monitoring and verification of the issuance of authorization code to regulate referral on service utilization by the Agency.

4.8.4 Fraud/Free Riding

- a. This shall be addressed by the facilities through proper identification.
- b. Fraud at secondary level shall be addressed by transparent stakeholder compliance to referral protocols.

5.0 PROVIDER PAYMENT MECHANISMS.

5.1 Role of Provider Payment Mechanisms (PPM) Stakeholders

This section highlights payment and reimbursement types to be adopted by the purchaser (KECHEMA) on provider incentives, the roles of stakeholders in the purchase of healthcare value chain, as well as the oversight, stewardship and accountability processes to ensure transparency and responsiveness of provider and purchaser. The major structural institutions operating within the context of the PPM are:

1. KECHEMA
2. Health Care Providers
3. Others such as Third Party Administrators (TPAs) where they are involved)

5.1.1 Health Care Providers

Health care providers are the NHIA/KECHEMA accredited and licensed care givers contracted to render health services to the enrollees on the scheme. The HCPs shall interface with both the Agency/TPAs and the enrollees. HCPs shall be registered as Primary; Secondary or Tertiary Healthcare Providers and they shall provide services to enrollees as defined and classified in the KECHEMA operational guideline and as contained in the health benefit package in line with the provisions in the KECHEMA standard treatment protocol.

5.1.2 KECHEMA

KECHEMA is mandated by law to regulate and provide oversight function of all activities and programmes under the scheme. With respect to the PPM, KECHEMA shall be responsible for the following functions.

1. Developing the PPM guidelines and procedures and ensuring adherence.
2. Registering and accrediting TPAs and Health Care Provider that will participate in the scheme.
3. Payment of capitation and fee for service to providers.
4. Vetting of claims before payments are made.
5. Establishing a quality assurance system for the Scheme

5.1.3 Third Party Administrators (TPAs)

TPAs are Private and Public healthcare enterprise that have the capacity to handle one or more of the activities listed below:

1. Mobilization and enrolment
2. Quality assurance
3. Any other role as may be assigned to them by the agency.

These enterprises are firms appointed by KECHEMA to manage the relationship between the demand-side (enrollees/employers/communities) and the supply-side (Health Care Providers).

5.2 Provider Payment Mechanism

Provider Payment Mechanism is the method used to allocate resources from purchaser (KECHEMA) to providers. Mobilized and pooled funds are used to strategically purchase health services from providers. KECHEMA shall deploy various payment and reimbursement mechanisms to buy or pay for health services in an efficient manner. Selected payment mechanisms shall be capable of creating incentives that support quality improvement and encourage efficiency. These have an impact on the quantity and quality of care received by the enrollees.

5.3 Payment Methods

5.3.1 Capitation Payment Method

65% of the KECHEMA revenue shall be set aside for capitation.

The PPM policy recommends that:

1. Primary Health Facilities under KECHEMA shall be paid capitation per enrollee per month at a predetermined amount recommended by an actuarial analysis of the HBP and subject to review periodically.
2. The total payment made will be dependent on the number of enrollees empaneled with each primary care provider as at the last day of the preceding month. The capitation fee shall cover entitlements listed on benefit package for primary level of care. (Both public and private providers shall receive the same capitation rate)
3. Capitation shall be paid on the **last week preceding the month** and shall be paid through designated provider's account created for capitation purposes and recognised by the Agency for transparency and accountability. Payment shall be via electronic payment to the HCF Bank account.
4. All primary providers or hospitals involved in rendering primary level of care to beneficiaries shall open or designate a capitation account with banks in Kebbi, recognised and approved by KECHEMA and transmit the hospital capitation account number to KECHEMA in an official letter domiciled on the hospital's letter-headed paper.
5. The Agency (KECHEMA) shall be in charge of capitation payment and shall send a payment advice to each provider to notify them of payment. There must be an acknowledged copy received by the Agency from the healthcare provider.
6. The panel list of each primary provider shall be downloadable from the online portal of KECHEMA on or before the last day of the preceding month or sent to the HCP by KECHEMA via emails or send hardcopies by post.
7. For any increment in number of enrollees on the panel list of the healthcare providers, the agency shall pay for the increase and as well reduce the total capitation amount if there is a decrease in number of enrollees.
8. Any facility that capitation must be paid to must have submitted or uploaded via the online portal the encounter/utilization data for the services rendered to the enrollees in that facility for the preceding month. Any facility that fails to provide encounter data or upload the encounter data of the preceding month on KECHEMA online portal shall not receive a new capitation for the new month.

9. Any facility that envisages any condition that will render them out of operation for more than a week for any reason must make an alternative arrangement with KECHEMA to identify and engage the services of another KECHEMA accredited facility for its enrolees to receive care during that period.
10. The facility that is temporarily out of operation shall be liable to pay the other facility during this period.
11. If it fails to make this arrangement then KECHEMA shall provide out of station code for the affected enrolees for that period; or shall pull out the enrolees from such facility, and automatically transfer them to other facilities. This may also bring about delisting of the facility from KECHEMA programmes.

5.3.2 Fee for Service Payment Method

An agreed fee shall be paid for each service rendered at the secondary and tertiary level of care provided an appropriate authorization code was obtained from the Agency. There must be a clear referral note signed by the primary provider. The list of secondary services for which FFS shall be paid is as contained in the operational guideline

[The process for reviewing and reimbursing providers on fee for service is documented in the Claims Management and Referral Guideline.](#)

5.3.3 Pay for Performance and Allowances

In addition to the conventional capitation and FFS, KECHEMA shall allocate a certain percent of its total contributions income to performance-based financing. It shall be paid in accordance to agreed improved outcomes, care processes, service inputs and outputs, performance targets, measures and monitoring. This brings in an element of results-based financing which makes purchasing of health services more strategic, more active, guided by information and geared towards achievement of an expected good/quality health outcome.

Advantages

1. This payment method incentivizes providers to improve quality, treat clients according to clinical guidelines thus improving quality of care, giving much needed attention to priority service inputs and outputs, performance targets, measures and monitoring.
2. It also encourages decentralizing facility financing through Quarterly lump sum payments for activities to increase service productivity and quality

Disadvantages

1. As a setback, this payment system does not favor coverage, outcome data needs to be separated from HMIS records and must be closely watched under quarterly supervision visits with quality assessments.
2. Indicators for measuring quality must be derived before assessment, thus making it a highly technical process.

5.3.4 Co-Payment

Copayment refers to a fixed payment defined in the insurance policy and paid by the insured person each time a medical service is accessed. 10% of **total cost of drugs** shall

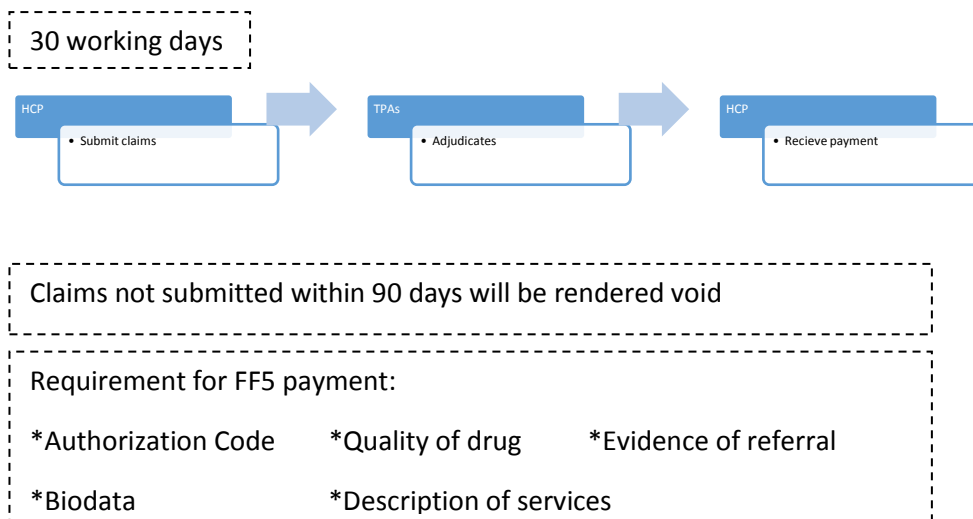
be paid to the health care provider by the enrollee for total cost of prescribed drugs only, according to the KEHEMA essential drug list. For fee for service, this 10% shall be deducted by the health care provider from the amount **for drugs** charged by the healthcare provider.

5.3.5 Co-Insurance

This is a part-payment made by the enrollee for services covered under the **partial exclusion list**, after the service has been rendered while the KEHEMA pays the balance. This is subject to review from time to time by KEHEMA. It refers to the insured person’s payment for a percentage of the cost of partially covered health care services utilized. The services covered as co-insurance is as outlined in Kebbi’s benefit package.

5.4 Provider payment/reimbursement

Under the KECHES, Healthcare providers will be paid by a mix of capitation and fee for service. Primary care services will be purchased through capitation payment, while secondary and tertiary services will be reimbursed through a fee for service payment. The Agency will pay capitation to health care providers directly monthly as well as manage the claims process for the formal sector while fee-for-service for the informal sector shall be paid to the health care provider by the TPAs after submitted claims have been vetted and approved. Mechanisms that link payments to performance/results will be developed to ensure purchasing is strategic. The fund flow mechanism is shown in figure 1 below:



Primary healthcare providers will be paid a fixed amount per enrollee per month. The total payment made will be dependent on the number of enrollees enlisted with each healthcare provider as at the last day of the preceding month. Fee for service payments to secondary and tertiary healthcare providers may require pre-authorization or approvals from Agency or designated TPAs.

The KECHEMA shall make payment to the accredited facilities and the facilities shall purchase drugs and medical consumables from registered/accredited pharmacies within Kebbi State. The Agency shall work collaboratively with the pharmacies to ensure the efficiency and effectiveness of the supply of drugs and commodities to the HCPs.

In the event of unavailability of drugs and medical consumables at the healthcare facilities, the patient shall buy the drugs and medical consumables at Community pharmacies and Patent Proprietary Medicine Vendors (PPMVs) accredited by the KECHEMA and will be reimbursed by HCPs, informed by a tariff schedule set for prescription drugs by KECHEMA. In the event that the Drugs and medical consumables .management agency (DMCMA) becomes operational in the State it becomes mandatory for KECHEMA accredited facilities to procure their needs from the DMCMA.

5.4.1 Pre-authorization process

Health care providers (HCPs) will be required to obtain pre-authorization (PA) codes from Agency/TPAs, for secondary and tertiary health care services before care is administered. The PA codes are to be obtained through either the TPAs or KECHEMA contact/call center.

Pre-authorization is required for the following services (this is not an exhaustive list):

1. All in-patient admissions beyond 24 hours
2. Referrals to secondary or tertiary centres
3. Surgeries as in the benefit package
4. Antenatal care (for high-risk pregnancies)
5. Assisted and cesarean deliveries
6. Specialist consultations
7. Emergency care outside place of normal residence

The pre-authorization/approval codes must be included when the healthcare provider is submitting it's claims. Information required for requesting a pre-authorization must include the following: enrollee's name, enrollee number, provider name, investigations to be done (if any), provisional diagnosis, and planned treatment/management procedures. TPAs are expected to respond to all pre-authorization requests not more than 30 minutes of receiving requests and all denied requests must be communicated verbally and in writing, to the healthcare provider and KECHEMA with necessary details/explanations.

5.4.2 Referrals

A patient may be referred from a primary to a secondary/tertiary healthcare facility or from a secondary to a tertiary healthcare facility. A referral shall be initiated as follows:

1. Referring facility must communicate with the receiving facility (establish a referral line through a call and/or referral form or via KECHEs Agency IT platform). The reason for contacting the receiving facility must be provided,
2. Referring facility shall fill a referral form (in triplicates for the paper base) stating the clinical basis for the referral and obtain a referral/authorization code from the Agency/TPA.

3. Authorization codes must be given by TPAs within 24hrs of the referring facility sending a request. When such requests are denied, the HCP must be notified in writing within 24 hours stating reasons for denial with the KECHES in a copy of the communication.
4. Receiving health facility shall obtain an approval code from the TPA for any other healthcare services rendered in the course of the management if other than that for the initial purpose;
5. Following stabilization and treatment, the referred enrollee shall be referred to his/her primary care provider with a medical report, follow-up treatment instructions and/or protocol and a copy of the signed feedback referral form.
6. The outcome of the referral should be satisfactory and properly documented.

Information required for referrals include the following:

1. Patient's name and enrollee KECHES number
2. Gender,
3. Age
4. Address
5. Referring Health Care Provider's name and referring unit (department/clinic)
6. Enrollees' hospital number
7. Referring healthcare facility's KECHES code
8. Referral date
9. Clinical findings/investigations and results
10. Provisional diagnosis
11. Treatment administered before referral
12. Reasons for referral
13. The patient's designated TPA and referral code obtained from the designated TPA or the Agency for the formal sector
14. Referring personnel's name and signature

6.0 CLAIMS MANAGEMENT

6.1 Introduction.

Medical claims management is the organization, billing, filing, updating and processing of medical claims related to patient diagnoses, treatments and other services received in the healthcare facility. An efficient and effective claims management system is vital to

the success of the contributory healthcare scheme in Kebbi State, this is because it will greatly aid in cost reduction, fraud detection and risk mitigation.

The Guideline is meant to ensure that claims settlement procedures are clearly defined, it also sets out timelines within which to settle all admitted claims. In addition to the above, the guideline has outlined a fair and transparent claims handling and claims dispute resolution procedures. A feedback system has also been developed to provide claimants with information about the status of their claims in a timely manner. This will promote greater fairness and transparency between hospitals, the enrollee and the contributory healthcare scheme.

6.2 Claims Preparation

The KECHEMA claims preparation is anchored on the claim's management form. The form is used to collect information needed to determine the entitlement of hospitals to the enrollee. Proper documentation is essential to the claims process, if it is not documented it is not done. All relevant sections in the form need to be properly filled in the form, these includes:

1. Details of the Enrollee
 - a. Name of Enrollee
 - b. Enrollee KECHEMA Number
 - c. Enrollee Phone Number
 - d. Age of Enrollee
 - e. Diagnosis
 - f. Name of Health Facility
 - g. Address of Health Facility (LGA and Ward)
 - h. Health facility Code
 - i. Health Facility Phone Number
 - j. KECHEMA referral authorization code
 - k. Status of patients
 - i. Inpatient
 1. Date of Admission
 2. Date of Discharge
 - ii. Outpatient
2. Details of Care received
 - a. Consultation
 - b. Nursing Care
 - c. Hospital Bed Occupancy
 - d. Quantity/Dosage
 - e. Cost
3. Details of procedure
 - a. Surgical
 - b. Medical
 - c. Quantity

- d. Cost
- 4. Details of Investigations
 - a. Laboratory
 - b. Radiology
 - c. Others
 - d. Quantity
 - e. Cost
- 5. Details of Drugs received
 - a. Quantity
 - b. Cost
- 6. Procedure for filling the form

6.3 Claims Submission

1. The healthcare care provider shall upload a claim form through the automated claims management module on the KEHEMA online portal. The providers may also submit a filled claim form manually via email to KEHEMA or via post, or by sending the claims form to the physical address of KEHEMA. **Claims form is attached in the Annex.**
2. All automated or manually submitted claims form must be acknowledged by KEHEMA.
3. All claims form shall be accompanied by a pre-authorization code given not later than 4 weeks or else the claim shall be denied.
4. Secondary or tertiary care providers must endeavour to attach the following supporting medical documents where necessary:
 - a. Medical report
 - b. Laboratory investigations done.
 - c. Surgery/Other procedures report
 - d. Prescription sheet
5. Claims shall be submitted at the end of every 30-day cycle (one month) no later than the end of the first week of the subsequent month.

Completed medical claims forms should be appropriately filled in TRIPLICATE all relevant areas and signed by the medical officer in charge of the health facility and the enrollee. All filled forms must be accompanied with the following supporting documents

- Admission Notes
 - Surgical Notes
 - Nurses Charts
 - Prescriptions
 - Investigations
1. All claims must be submitted not later than 30 days of the patient seen in the hospital

2. Claim forms must be filled appropriately and all supporting documents are to be attached as specified above
3. Claims for medical services rendered to patients should be based on the tariffs as specified in the KSCHMA Operational Guidelines
4. Provider ensures that all fields are filled appropriately particularly all identifiers mentioned above
5. Form should be submitted to the registry department of the KSCHMA and duly acknowledged by the agency
6. A cover letter shall accompany claim submitted to the agency.

6.4 Claims Management Team

The claim management team shall comprise of the following key staff

1. IT officers
2. Data entry clerks
3. In-house medical claims review officers (Nurses, Doctors, Pharmacists)
4. Health records officer with knowledge of data base management
5. Claims Statistician/ Data of analyst
6. Chartered accountants and other accounting officers
7. Actuarial Scientist

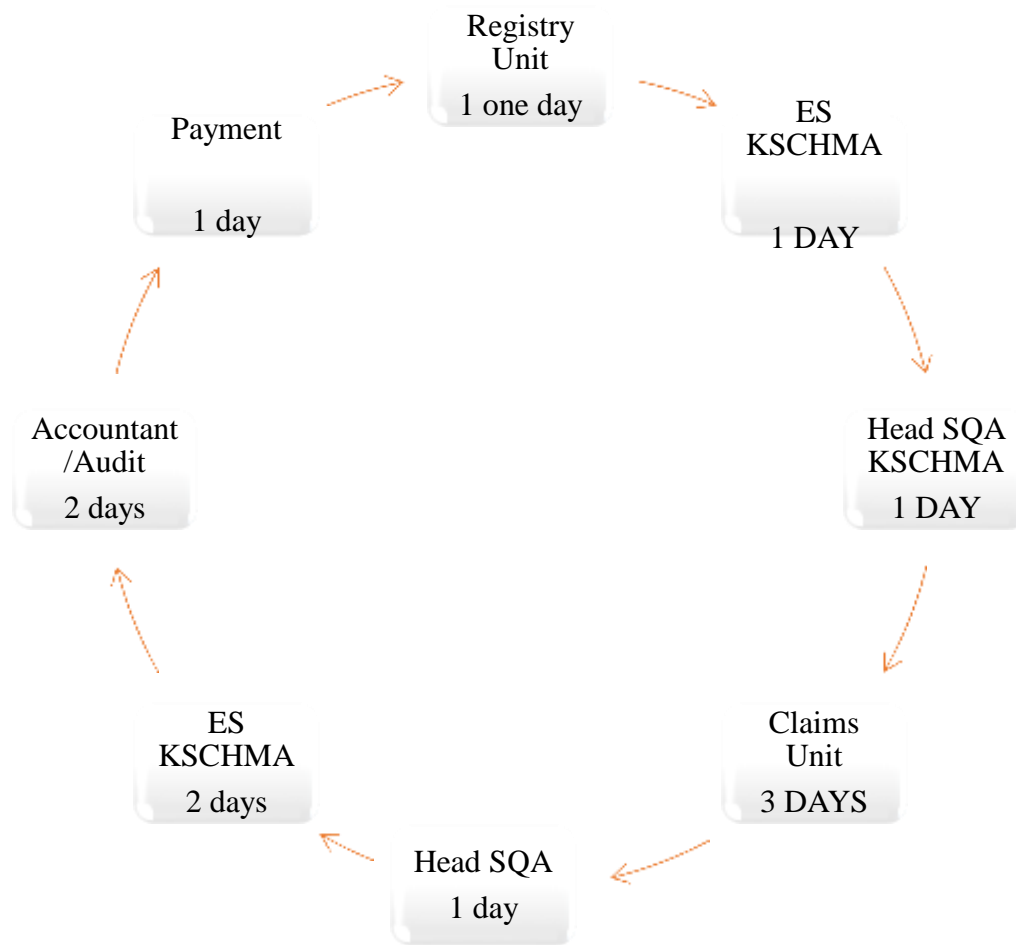
6.5 Claims Processing

Once a claim is received by the claim's unit of the agency, the claims management team shall review and ensure that

1. All the necessary fields in the form or are appropriately completed, with all the required signatories.
2. Claims are submitted using the KEHEMA pre-numbered claims booklets given to all participating providers
3. Confirm if number of claims submitted is the same as the number mentioned on the cover letter to the agency
4. Confirm if all identifiers are filled correctly, this include
 - a. Name of facility
 - b. Name of Enrollee
 - c. Age of patient
 - d. Enrollee KEHEMA number
 - e. Enrollee Phone Number
 - f. Authorization Code : Claims Unit to cross check and ensure code is the one already issued by the agency
5. Confirm Diagnosis and ensure it is covered under the benefit package of the agency
6. Confirm admission with the date of discharge
7. Check supporting documents and ensure they are all attached

8. Carry out beneficiary utilization audit to ensure services are provided as filled in the claim form. This involves the identification of essential details in the submitted claims form for acceptance
9. Beneficiary Verification involves the comparison of diagnosis with appropriate treatments, vetting the medical bills against approved tariffs, comparing utilizations pattern of beneficiary and verifications.
10. Confirm drugs prescribed and laboratory tests conducted
11. Fill the claims processing form and decide to accept or to reject the claim
12. Calculate cost of services provided and adjust cost where necessary.
13. Recommend final cost of services to be paid by the agency.
14. It is recommended however that the agency conducts a random check on some selected claims and conducts a comprehensive medical audit to ensure the services claimed are provided.
15. The agency shall update the claims file and document all actions taken as part of the claims management process in order to be able to address questions that may arise concerning the handling and settlement of the claims.
16. The agency shall not deny a claim without reasonable and comprehensive reason
17. The agency shall keep the provider or claimant informed of the status of the claims and shall provide explanations for any delays.

CLAIMS PROCESSING TIMELINE



6.5 Claims Payment Modalities

Payments will be made to the healthcare providers based on the quantity of services rendered to presenting patients. The provider payment model is a retrospective, claim-based process outlined in Figure 1 above shall apply, and all payments that have been cleared by the agency will be paid within 30 days of submission.

6.6 Claims Rejection

During Claims Assessment, any claim may be rejected for the following reasons:

1. The provider did not sign the claims form
2. The fields in the claims form are not correctly filled
3. The claims form does not originate from KEHEMA
4. Submitted Claims that are within or less than approved tariff will be approved
5. Submitted Claims that are above the normal tariff will be adjusted appropriately before payment
6. Claims that deviate from covered procedures will be denied
7. Claims that do not conform to approved billing format will be rejected
8. Data fields not filled completely or incorrectly filled
9. Claims submitted more than 90 days from the date of service
10. Duplicate claims submitted

11. Claims for encounters not reported in the list of authorization code
12. Claim that is confirmed to be partially or totally fraudulent
13. All claims that do not follow the tariffs listed in the operational guidelines, or claims for services not covered in the agency's benefit package

6.7 Claims Monitoring, Verification and Audit

The Claims presented by providers are verified by random selection of one or two claims which is reviewed against standard medical practice and beneficiary utilization pattern and pricing. Random beneficiaries may also be selected and called or visited to verify their utilization and the providers' record of claim. The Claims presented by providers are observed to identify defaulting practice pattern, polypharmacy and outliers in services provided, provider induced demand where necessary, e.g. unnecessary treatment for the identified diagnosis.

Deviating providers will be flagged for compliance training programme before Payments

1. Repeated deviating providers will undergo comprehensive verifications and sent to Provider intervention training (Provider Reorientation Training), Claims Audit Committee interview and Sanctions Unit.
2. Providers of suspected fraudulent Claims will be investigated and interviewed by the Claims Audit Committee and
 - a. Cleared or
 - b. Monitored while participating or
 - c. Suspended from participation.
 - d. A Medical Claims that have been successfully verified and acceptable are released for payments
 - e. Providers who have 80% or more acceptable claims over 1 one year are scheduled on the Speed Lane verification (SLV), while those who have less than 80% of their claims accepted will be scheduled for a more Thorough Verification Lane (TVL). Speed Lane Verification is when a few Claims are randomly selected from a provider claim batch and verified with beneficiaries for confirmation, so that the entire batch may be approved speedily. While TVL is when a providers' claim in total is selected for audit and scrutiny.
 - f. A provider who remains defaulting in more than 80% of the submitted claims will be invited for interview with the Claims Audit Committees and encourage to document as much evidence as possible to support the claims. The evidence will be reviewed by a Claims Audit Committee.
 - g. The Claims Audit Committee will be made up of the ES, Selected members of the management team, private and independent medical Consultants, Medical staff in the agency and a financial accountant and auditors from the agency
 - h. The Claims Audit committee will review the evidence from the claims processing department and the defaulting provider. The committee may approve the claims, require further clarification or reject the claims.

6.8 Complaints

Provider dissatisfied with the resolution of the audit committee may appeal to the ES of the SSHIA who then shall form a committee to review the work of the audit committee and make a final recommendation on the matter

The procedure for handling complaints include the following

- Complaints shall be written and addressed to the ES of the agency
- Acknowledgement of receipt of the complaint-within 2 working days from the receipt of correspondence
- Comprehensive documentation of the details of the complainant by the agency
- Providers will be kept informed of the status of their complaints on a regular basis
- Establishment of the time line for sending a final response in writing to the complainant.
- Keep record of each complaint received and the measures taken for its resolution
- The agency will ensure that that complaints are dealt with expeditiously.
- It shall be the responsibility of the ES to ensure the management of all complaints received by the agency

6.9 Patient Privacy

The agency shall realize that all medical claims management documents contain patient's records. As a result, workers must respect the confidentiality of patients and only share information that are essential to billing and record-keeping

6.10 Feedback to Providers

Feedback to providers is critical to the success or otherwise of the claims management system in the agency. There were three groups of providers that need to have feedback provided to them

- i. Those who submit a claim but made a major omission capable of invalidating the claim
 - The agency will reject this claim and payment will not be made. Feedback will be given to the healthcare provider upon request.
- ii. Those who submit a claim but made minor omissions that do not invalidate the claims process
 - The agency will compile such claims and give feedback to the healthcare provider within one month of submitting such claim, the healthcare provider has 2 weeks to rectify the claim and re-submit to the agency
- iii. Those who submit a claim whose total cost requested is in excess of the cost of services provided.
 - The agency shall reserve the right to modify the claim and payment shall be made based on the corrected cost of services by the agency. The agency shall compile all payments done and send a comprehensive feedback to the healthcare provider every month.

6.11 Triggers and Indicators

The following indicators shall serve as indicators for measuring the efficiency of the claim process, in addition the agency will use these indicators to ensure that fraud is detected, and cost is reduced towards the overall improvement of the services provided by the agency

- Continuity of care
 - Length of Stay – disease specific
 - Readmission rate within a certain time period
 - Adherence to Clinical Practice Guidelines
 - Proof that patients are informed of the continued management plan
 - Rate of continued prescription
- Timeliness
 - All drugs are administered in a timely, safe, appropriate controlled manner to the right patient
 - All patients have comprehensive history and physical exam within twenty-four hours of admission
 - Timely care for emergencies
 - Denial of care
- Equity and fairness
 - Quality of care and percentage of utilization of care by socio economic group (inpatient and outpatient)
 - Denial of care
 - Percent of insured members that cannot access services due to delay in providing care by hospitals
- Effectiveness
 - Patient outcome (mortality rate, morbidity rate, readmission, complication, drug reaction, failed treatment)
 - Timely care for emergencies
 - Compliance to evidence based Standard Operating Procedure/ Clinical Practice Guidelines
 - All drugs are administered in a timely, safe, appropriate controlled manner to the right patient
 - Number of claims from non-accredited facilities
- Efficiency
 - Utilization rate
 - Turnaround Time of claim
 - Average length of stay
 - Number of health personnel to patient ratio
 - Average unit cost of medicines and supplies
 - Average number of hospitalized days by disease group

- Financial Sustainability
 - Claims Pay-out ratio (the total claims pay-out against the total premium collected) across regions
 - Evidence of delay vs. timely release of allocated fund to insurer/provider
 - Average Value of claims per month per facility
 - Overutilization – depends of Provider payment mechanism (capitation and global budget =No, Diagnosis Related Groups (DRG) and fee for service = Yes)
 - Costliness index
 - Percentage of generic drug usage
 - Average total allocation, payment or claims per provider
- Fraud index
 - Overuse of services
 - Denial of care – number of complaints on medical officer or facility
 - Percentage of over/ inappropriate claims
 - Incidence of fabrication of claims
 - Incidence of duplication of claims
 - Incidence of postdating of claims
 - Incidence of misrepresentation by false or incorrect information
 - Incidence of up coding of disease
- Risk protection
 - High co-payment or no balance billing compliance rate
 - Underservice and underutilization of services
 - Number of patients with out of pocket expenditure
 - Referral rate (frequent referral by providers)
 - Number of claims from non-accredited facilities
 - Number of patient's paying out of pocket for covered services
 - Average total amount claimed per person across facilities

The agency is aware that claims management make up a large percentage of the administrative work that is performed in the contributory healthcare scheme. The claims management process have a large impact on the cost of services provided to enrolees, in addition, the agency is also aware that even the smallest interruptions or deficiencies in workflow can create redundancies, errors and extra work that can cost the agency huge amount of money. Therefore, every claim will be closely scrutinized to ensure that it is compliant with new payment models, continually changing rules and regulations. In addition to the above, the agency will make effort to ensure that IT is integrated in the whole process in order to make it more efficient and effective.

7.0 THIRD-PARTY ADMINISTRATORS

7.1 Definition of Third-Party Administrators

A Third-party administrator (TPA) is a non-governmental organization that provides technical and administrative services to the contributory healthcare management agency. The KEHEMA Law allows the use of TPAs registered by the Agency to ensure healthcare services are adequately provided by healthcare providers accredited by the Agency

TPAs may encompass the following types of organizations:

1. Mutual Health Associations (MHA)
2. Community Based Organizations (CBO) /Faith Based Organizations
3. Health Maintenance Organisations (HMO)
4. Private or Public incorporated companies (Private or Public Healthcare Enterprise)

7.1.1 Health Maintenance Organisations

A Health Maintenance Organization (HMO) is a privately or publicly incorporated body accredited by the National Health Insurance Scheme (NHIA) and registered by the Agency solely to supervise/manage health care services through Health Care Facilities accredited by the Agency. Presently, KECHEMA Law does not allow the use HMOs in the Scheme.

7.1.2 Mutual Health Associations

A Mutual Health Associations (MHA) are publicly incorporated body, that is run by a Board of Trustee (BoT) elected by members registered by the Agency solely to supervise/manage health care services through Health Care Facilities accredited by the Agency.

7.1.3 Private Enterprises (PE)/ Private or Public incorporated companies (Private or Public Healthcare Enterprise)

A Private Enterprise (PE) is a privately or publicly incorporated body by the Corporate Affairs Commission (CAC) and registered by the Agency solely to supervise/manage health care services through Health Care Facilities accredited by the Agency.

7.1.4 Community Based Organisations (CBOs) and Faith Based Organisations (FBOs)

Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and Trade-based Associations are a multitude of associations/organizations around which the society voluntarily organizes itself and represent a wide range of interest and ties that can be leveraged for the Contributory Health Care scheme's implementation.

7.2 Responsibilities of TPAs

The responsibilities of TPAs are outlined in KECHEMA's TPA-Engagement Protocol:

- Support to the Agency in diverse operations areas encompassing:
 - ✓ marketing/promotion of KECHEMA's health plans/products
 - ✓ enrolee registration,
 - ✓ claims management,
 - ✓ Client- Agency Feedback mechanism
 - ✓ others as may be deemed fit by the Agency from time-to-time
- Independent verification of quality of services provided to enrolees.
- Conduct of enrolee satisfaction surveys

TPAs engaged by KECHEMA shall not be involved in the direct delivery of health care services, collection of premiums/funds or risk management of lives insured under the Kebbi Contributory Health Scheme (KECHES). In all activities conducted, data and materials belong to KECHEMA

7.3 Registration of Third-Party Administrators

7.3.1 Expression of Interest

1. On a need basis, KECHEMA shall advertise its need to engage TPAs in line with public procurement law and financial management guidelines
2. Organisations shall express interest in serving as KECHEMA's TPA by submitting an Expression of Interest or proposal application (based on the procurement mechanism employed) by in response to KECHEMA's advertisements
3. The prospective TPAs' Expression of Interest or proposal application should be submitted in the format prescribed by the KECHEMA advertisement and should clearly state how the organisation will carry out the operations required by KECHEMA
4. Each Expression of Interest or proposal application submitted by a prospective TPA shall be signed and verified by the authorized representatives of organisation and shall be accompanied by the following documents:
 - Evidence of registration with the Corporate Affairs Commission (CAC).
 - Memorandum and Articles of Association
 - Evidence of registration with relevant professional/occupational bodies (where applicable)
 - Financial statements or reports covering a minimum of 3 years or the period in which the organisation has been in existence.
 - Tax clearance/exemption certificates for a minimum of 3 years or the period in which the organisation has been in existence where applicable
 - Evidence of good standing with a Central Bank of Nigeria (CBN) approved commercial banks, where applicable
 - Evidence of professional indemnity cover, where applicable
 - Names and contact details of the principal officers (members of the Board of Directors or Board of Trustees as applicable)
 - The organizational byelaws, rules and regulations and other documents regulating the conduct of the internal affairs of the prospective TPA.
5. Any Expression of Interest or proposal application submitted without the supporting information outlined above will be considered non-responsive

7.3.2 Shortlisting of Third-Party Administrators

1. In line with the state's public procurement law or guidelines, KECHEMA shall set up an evaluation committee to evaluate all proposals received from prospective TPAs in line with predefined criteria published in the advertisement

2. The Evaluation Committee shall shortlist organizations based on the standards/ criteria outlined in the advertisement and present the shortlist of organizations to KECHEMA' management committee and/or Board, as appropriate

7.3.3 Selection of Third-Party Administrators

1. The Agency shall carry out, through its Evaluation Committee, an assessment of the shortlisted organizations' capacity and infrastructure to determine:
 - The appropriateness and functionality of the corporate governance structure and arrangements
 - The capacity of the management team to effectively manage the prospective TPAs' operations
 - The availability of skilled and competent staff which fit KECHEMA's requirements
 - The robustness of financial management policies and procedures to effectively prevent, detect and mitigate financial risk events
 - The Agency shall, upon receipt of the above reports, register or reject the application of a TPA
 - The availability of adequate office, equipment and facilities to carry out KECHEMAs operations
2. Where deemed necessary, prospective TPAs may be invited to KECHEMA to present a summary of its approach to carrying out the scope of work
3. Following the assessment, the Evaluation Committee, shall recommend to KECHEMA's Board, the selection of one or more organisations as a TPA based on the combined results of the technical evaluation and capacity assessment
4. The Board shall ratify the recommendations made by the evaluation committee and instruct KECHEMA's management committee to issue a Letter of Award to the successful TPA applicant(s).

7.3.4 Registration of Third-Party Administrators

1. The Agency shall issue a license of registration to every successful TPA. The registration fee payable by a TPA to the Scheme shall be N250, 000.00 (Two Hundred Fifty Thousand Naira only) for private for-profit organizations and N50, 000 for non-profit based organizations, paid once at the beginning of the contract with KECHEMA subject to review by the board.
2. Upon finalization of contractual agreements, the successful TPA will be required to develop and submit a detailed work plan for conducting its work to the supervising department within KECHEMA
3. A TPA shall be registered provisionally for ONE year in the first instance for the organisation to commence business.

7.3.5 Conditions for Renewal of the Registration of TPA

Following the first year of initial registration, the renewal of registration of a TPA shall be subject to:

- The TPA conducting its operations in accordance with KECHEMA requirements and standards
- Achieving a satisfactory performance score following the evaluation of its performance for the first year
- Non-engagement in fraudulent activities
- Compliance with provisions of the KECHEMA operational guidelines and the contractual agreement.
- Meeting other renewal of registration requirements that may be specified by KECHEMA from time to time
- TPAs seeking an annual renewal of their registration shall be required pay a fee of Fifty thousand naira (N50, 000) for private for-profit organizations and N10, 000 for non-profit based organizations at the point of renewal of registration.

7.4 Performance Monitoring and Evaluation of Third-Party Administrators

7.4.1 Guiding Principles

1. The SQA department and the relevant departments within KECHEMA that utilize TPA services shall be responsible for monitoring and evaluating the performance of participating TPAs on a periodic, agreed basis
2. The key performance indicators that will be used to measure the TPAs' performance will be defined and agreed to in the contractual agreements between KECHEMA and the TPA
3. For each key performance indicator, service level targets will be negotiated
4. Where considered necessary, KECHEMA may retain the services of an independent organisation to audit and/or verify the performance levels of the TPAs

7.4.2 Indicative Service Level Indicators

The service level indicators outlined below are indicative only and may be modified/adapted by KECHEMA as deemed necessary

7.4.3 TPAs engaged in Enrolment

TPAs such as (local mobilisers e.g. CBO, FBO, MHA, NGOs, registered health education and health promotion firms) engaged by KECHEMA for enrolment shall be responsible for planning and implementing demand creation, sensitization and mobilization activities aimed at increasing enrolment of Kebbi State residents into the Scheme. Their performance may be assessed with the following output indicators:

1. Total number of enrolments recorded per month
2. Total number of new enrolled members disaggregated by:
 - Gender
 - Individual/household
 - Market segment (formal, informal or vulnerable)

Where KECHEMA's objective is to prioritize the enrolment of a target group, targets may be set to incentivise TPAs to expand enrolment to the target group rapidly.

7.4.4 TPAs engaged in Quality Assurance

TPAs engaged by KECHEMA to conduct quality assurance activities will be required to ensure the following at agreed, periodic intervals:

1. On time and complete submission of quality assurance reports to KECHEMA
2. On time and complete Submission of reports of utilization data to KECHEMA.
3. On time and complete submission of analytical reports on the health status and outcome of management of healthcare services rendered by secondary or tertiary healthcare providers
4. On time and complete submission of reports on the continuous quality improvement of facilities contracted by KECHEMA
5. Submission of reports on case management and compliance of providers with the protocols set out in KECHEMA's standard treatment guidelines
6. All data and materials shall be the exclusive right of KECHEMA

7.4.5 TPAs engaged in Claims Management

TPAs engaged by KECHEMA to support the process of claims vetting, verification and adjudication will be required to submit the following at regular intervals:

Service indicators for TPAs operating at this level are:

1. Total number of claims received and acknowledged per day.
2. Total number of claims vetted within the timeframe of 7 days.
3. Total number of remittance letters sent to providers explaining the difference between the provider's billed amount and the TPA vetted amount.
4. Total number of conflicts resolved amicably on vetted amounts between the TPA and the Providers monthly.
5. Total number of independent verifications carried out while vetting a complex or disputed claim.
6. Total number of fraudulent activities identified and reported.
7. All data and materials shall be the exclusive right of KECHEMA

7.5 TPA Payment Mechanism

As outlined in its Operational Guidelines, all TPAs engaged by KECHEMA shall be paid on a transactional basis as a percentage of premiums collected by KECHEMA not more than 5% of the total premiums collected by KECHEMA shall be set aside for TPAs' fees and payments.

8.0 STANDARDS AND ACCREDITATION

8.1 INTRODUCTION/BACKGROUND

KECHEMA shall be involved in the accreditation, selection and contracting of health care providers. To ensure the provision of quality healthcare services to the residents of Kebbi State, the Agency has developed various standards and requirement for accreditation as Health Care Facility (HCFs).

This document defines a set of Minimum Standards based on the National Health Insurance Scheme and the National Primary Healthcare Development Agency Guidelines in the following areas:

1. **Health infrastructure:** Types/Levels of facilities including recommended infrastructure dimensions, furniture and medical equipment.
2. **Human resources for health:** Minimum recommended staff number and cadre for each type of health facility

8.2 Health Care Providers

Health Care Providers are necessary to facilitate the provision of quality health care services under the KECHES. They are the representatives of the KECHES to the people and are crucial to ensuring the sustainability of the scheme.

8.2.1 Organization of Health Care Providers

The provision of health care services under the KECHES will be from accredited public and private providers. Services under the scheme shall be organized into three levels: primary, secondary, and tertiary levels.

Primary Health Care Facilities

The primary care providers will perform the gatekeeping function of serving enrollees under the KECHES. They shall provide preventive, promotive, curative, and rehabilitative health care services under the KECHES and will comprise of:

- Primary Health CareCentres (Public and Private)
- Comprehensive Health CareCentres;
- Nursing and Maternity Homes (Proof of Access to Medical Practitioner).
- Out-patient Departments of General Hospitals, Armed Forces, the Police and Other Uniformed Services Hospitals/Clinics, University Medical Centres, Federal Staff Hospitals and Outpatient Department of Federal Medical centres, Specialist Hospitals and Teaching Hospitals.
- Non-specialist Private Hospitals and Clinics

Secondary Health Facilities

Access to secondary health care services under the KECHES shall be through a referral from the primary level of care. This category of providers includes the following:

- General/Divisional Hospitals (out-patient specialist care and in-patient care for medical, surgical, paediatrics, obstetrics and gynaecology etc) Specialist Hospitals/Reference Hospitals
- Federal Medical Centres
- Pharmacies
- Laboratories
- Dental clinics
- Physiotherapy clinics
- Radiography centres
- Ophthalmology centres
- Optometry centres
- ENT clinics

Tertiary HealthCare Facilities

Tertiary Health Care Facilities provide health services on referral from primary and secondary levels.

These include:

- Teaching Hospitals
- Specialist Hospitals
- Specialty/Specialized Hospitals (Orthopaedic, Psychiatric, etc)
- Federal Medical Centres
- Military Reference Hospitals

8.2.6 List of Personnel

Primary Healthcare Facilities

- Medical Doctor(s)
- Community Health Officer(s)
- Pharmacy technician(s)
- Registered Nurses/Midwives with training in life-saving skills
- Community Health Extension Workers (CHEWs)
- Junior Community Health Extension Workers (JCHEWs)
- Environmental Health Officers/Technicians
- Information Technology staff
- Laboratory technician(s)
- Accounting staff
- Hospital attendants
- Clerk/secretary
- Security personnel
- Medical records technicians

Secondary Healthcare Facilities

- Consultant/specialist in the relevant areas of medical specialty
- Medical doctor
- Dentist
- Opticians/Optometrists
- Ophthalmologist
- Registered Nurses-Midwives
- Registered Nurses
- Registered Midwives
- Nurse Specialists in relevant fields
- Hospital Assistants
- Accounting staff
- Health information managers/Medical record officers
- Information Technology staff
- Clerk/secretary

- Pharmacists/Pharmacy Technicians
- Medical laboratory scientists/Technicians

8.2.7 Requirements for Healthcare Professionals

General Medical Practitioners

- Possession of the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, or its equivalent, recognized by the Medical and Dental Council of Nigeria (MDCN)
- Registration with the Medical and Dental Council of Nigeria
- Possession of the current license to practice, issued by the Medical and Dental Council of Nigeria (MDCN)

Specialist Medical Practitioners

- These include: Physicians, Dental surgeons, Radiologists, Paediatricians, Psychiatrists, Surgeons, Gynaecologists & Obstetricians, ENT surgeons, Ophthalmologists, etc.
- Possession of recognized specialist qualifications in the proposed area of practice
- Registration with the Medical and Dental Council of Nigeria
- Possession of the current license to practice, issued by the Medical and Dental Council of Nigeria (MDCN)

Pharmacists

- Possession of the Bachelor of Pharmacy (B. Pharm) degree or its equivalent qualification, recognized by the Pharmacists Council of Nigeria (PCN)
- Registration with Pharmacists Council of Nigeria (PCN)
- Possession of the professional license to practice, issued by the Pharmacists Council of Nigeria (PCN)

Pharmacy Technicians

- Possession of pharmacy technician certificate issued by the School of Health Technology accredited and recognized by the Pharmacists Council of Nigeria (PCN)
- Registration with the Pharmacists Council of Nigeria (PCN)
- Possession of current annual permit to practice, issued by the Pharmacists Council of Nigeria (PCN)

Medical Laboratory Scientists

- Possession of the Bachelor of Medical Laboratory Science (BMLS) degree or its equivalent qualification, recognized by the Medical Laboratory Science Council of Nigeria (MLSCN)
- Registration with the MLSCN
- Possession of the current license to practice, issued by the MLSCN

Medical Laboratory Technicians

- Possession of certificate issued by the Medical Laboratory Science Council of Nigeria (MLSCN)
- Registration with the MLSCN
- Possession of current annual license issued by MLSCN

Nurse Practitioners

- Qualified Nurse (i.e. B. NSc. or its equivalent, Registered Nurse/Midwife [RN/RM] or other specialized areas of Nursing)
- Registration by the Nursing and Midwifery Council of Nigeria (NMCN)
- Possession of the current license to practice, issued by the NMCN

Radiographers and Ultra sonographers

- Possession of the Bachelor of Radiography degree, or equivalent qualification recognized by the Radiographers Registration Board of Nigeria (RRBN)
- Registration with the RRBN
- Possession of the current license to practice, issued by the RRBN.

Physiotherapists

- Possession of the BSc, BMR or B physiotherapy or equivalent qualification, recognized by the Medical Rehabilitation Therapist Board of Nigeria (MRTBN)
- Registration with the MRTBN
- Possession of the current license to practice, issued by the MRTBN.

Medical Rehabilitation Therapy Technician

- Possession of Medical Rehabilitation Therapy Technician certificate issued by schools accredited and recognized by the MRTBN
- Registration with the MRTBN
- Possession of current annual permit to practice, issued by MRTBN

Optometrists

- Possession of Doctor of Optometry degree, or equivalent qualification recognized by Optometrist and Dispensing Optician Registration Board of Nigeria (ODORBN)
- Registration with ODORBN
- Possession of current license to practice issued by ODORBN.

Community Health Workers

- Must have completed a course for Community Health Officers in an approved University Teaching Hospital or College of Health Technology as additional to the qualification below.
- Must be registered by the Community Health Practitioners Registration Board of Nigeria (CHPRBN)
- Possesses a current license to practice by the CHPRBN
- Must have the Standing Orders from the Federal Ministry of Health for Community Health Officers and Community Health Extension Workers

Senior Community Health Extension Workers

- Must have completed a course for Community Health Extension Worker in an approved Health Institution
- Must be registered by the Community Health Practitioners Registration Board of Nigeria (CHPRBN)

- Possesses a current license to practice by the CHPRBN
- Must have the Standing Orders from the Federal Ministry of Health for Community Health Officers and Community Health Extension Workers

Junior Community Health Extension Workers

- Must have completed a course for Junior Community Health Extension Worker in an approved Health Institution.
- Must be registered by the Community Health Practitioners Registration Board of Nigeria (CHPRBN)
- Possesses a current license to practice by the CHPRBN
- Must have the Standing Orders from Federal Ministry of Health for Community Health Officers and Community Health Extension Workers
- Note: Healthcare facilities are advised to train their staff on Basic Life Support (BLS)

Dental Surgeons

- Possession of the Bachelor of Dental Surgery degree, or equivalent qualification, recognized by the Medical and Dental Council of Nigeria (MDCN)
- Registration with the MDCN
- Possession of the current license to practice issued by the MDCN.

Dental Technicians/Technologist

- Possession of the certificate, BSC or HND in Dental Technology or equivalent qualification from accredited schools or institution.
- Must be registered by relevant regulatory body
- Possesses a current license to practice

Health Information Managers/Medical Record officers

- Possession of the certificate, BSC or HND in Health Information/ Medical Records or equivalent qualification from accredited schools or institution.
- Must be registered by relevant regulatory body
- Possess a current license to practice

8.2.8 Requirements for Healthcare Facilities

Healthcare facilities are expected to meet the following requirements to obtain accreditation from the Agency:

- Registration with the Kebbi State Ministry of Health
- Possession of professionals with relevant academic/professional qualifications
- Registration with the relevant regulatory body
- Possession of the current license to practice
- Accreditation requirement for service delivery
- Registration by state authorities where applicable
- Possession of professional indemnity over
- Possession of evidence of incorporation with Corporate Affairs Commission (CAC) or official gazette for government-owned health institutions

- Possession of adequate information and communication technology (ICT) infrastructure which must include internet access 2 desk top computers and 2 laptops at the minimum.

5.2.5 Obligations of Healthcare Facilities

The obligations of healthcare facilities shall include:

- Providing the Agency with the following information:-
 - a. Names of serving health professionals and their qualifications (doctors, nurses, pharmacists, etc)
 - b. Hours of duty coverage
 - c. Details of equipment available for medical care.
- Ensuring that every beneficiary who visits the facility for care is attended to with utmost care, skill and prompt attention.
- Always provide service to duly identified enrollee using the current Agency enrollee register.
- All primary healthcare facilities must have facilities for ante-natal, delivery and post-natal care.
- Shall ensure the prompt documentation of data and filling of key monitoring tools and transmission of same to the Agency.
- The Provider will forward utilization data in a prescribed format to AGENCY at the end of every month. These will include but not limited to Out-patient utilization data, In-patient utilization data, surgical encounter data, Maternity services encounter data, Disease-specific data for indicator diseases to be determined by AGENCY. These reports shall be sent to AGENCY not later than 10 days after the end of the encounter month

8.3 Facility and Personnel Requirements for Primary Health Care.

8.3.1 Facility Requirement for Primary Health Care Facility

Note: Infrastructural and personnel requirements enumerated below concerns all facilities mentioned in section 5.2.1 other than PHCs.

The following minimum features shall be provided at a Primary Health Care Facility:

1. Waiting and Reception Area
 - i. At least 4 x 3 metres
 - ii. Sitting facilities
 - iii. Reception table
 - iv. Registration table
 - v. Medical record keeping facilities
 - vi. Wheel chair/patients' Trolley
 - vii. Adequate ventilation
 - viii. Weighing scale
 - ix. Stadiometer for heights
2. Consulting Room
 - i. At least 4 x 3 metres

- ii. Examination couch
 - iii. Wash hand basin
 - iv. Thermometer
 - v. Good light source
 - vi. Stethoscope
 - vii. Diagnostic set
 - viii. Sphygmomanometer
 - ix. Table and chairs
 - x. Adequate ventilation
3. Treatment Room
- i. At least 2 x 3 metre
 - ii. Instruments cabinet
 - iii. Dressing trolley/tray
 - iv. Cotton swab
 - v. Needles and syringes
 - vi. Galipot
 - vii. Dressing forceps
 - viii. Needle holder
 - ix. Suture materials
 - x. Antiseptics and disinfectants
 - xi. Gauze/bandages
 - xii. Disposable gloves
 - xiii. Wash hand basin
 - xiv. Dressing stool
 - xv. Colour coded containers for waste disposal
 - xvi. Safety box(es) for sharps
4. Patients' toilet facilities with adequate water supply
5. Sterilizer/Autoclave
6. Containers for disposal of sharp objects
7. Emergency tray containing:
- i. Needles and syringes
 - ii. Scalp vein needles
 - iii. I V giving set
 - iv. Injection hydrocortisone
 - v. Injection adrenaline
 - vi. 5% dextrose
 - vii. Normal saline
 - viii. Injection Aminophylline
 - ix. Gloves
8. Resuscitative equipment
- i. Ambu bag
 - ii. Oxygen cylinder and trolley
 - iii. Suction machine (auto or pedal)
 - iv. Drip stand

- v. Oropharyngeal airway
- 9. Appropriate firefighting equipment
- 10. Adequate waste disposal facilities
- 11. Refrigerator
- 12. Alternate power supply
- 13. internet facility and 2 desk tops and 2 laptops

8.3.2 Minimum Facilities for Labour Room

1. Labour room at least 4 x 3 metres
2. Equipment and consumables in labour room
 - a. Delivery bed
 - b. Baby's cot
 - c. Weighing scale for (babies)
 - d. Delivery packs containing:
 - i. Episiotomy scissors
 - ii. Kocher forceps
 - iii. Artery forceps
 - iv. Surgical scissors
 - v. Kidney dish without cover
 - vi. Galipot
 - vii. Straight scissors (long)
 - viii. Cord scissors
 - ix. Kidney dish with cover
 - x. Cord Clamp
 - xi. Needle & Syringe
 - xii. Mucous extractor
 - xiii. Surgical gloves
 - xiv. Disposable gloves
 - xv. Draw Mackintosh
 - xvi. Tape rule
 - xvii. Sterilizer (for delivery pack)
 - xviii. Suturing materials
 - xix. Gauze bowl
 - xx. Vitamin K, Oxytocin and Ergometrine injections
3. Resuscitative Equipment:
 - a. Oxygen
 - b. Suction machine (auto or pedal)
 - c. Resuscitative table
 - d. Oropharyngeal airway
 - e. Disposable gloves
 - f. Needles & syringes
 - g. 10/50% dextrose
 - h. Scalp vein needle 21G, 23G

- i. IV giving set
 - j. Normal saline
 - k. Dextrose saline
- 4. At least 1 bed
- 5. Adequate toilet facilities
- 6. Adequate lighting
- 7. Adequate water supply
- 8. Adequate waste disposal
- 9. Washable floor
- 10. Ward
 - a. Lying-in ward with minimum distance of one metre in-between adjoining beds, and 1 x 3 sq. metres between two rows of beds.
 - b. A locker and an over-bed table for each bed
 - c. Sterilizer/Autoclave
 - d. Wheel chair/patients' trolley
 - e. Ward screen
 - f. Sluice room
 - g. Adequate lighting
 - h. Clean water
 - i. Clean toilet and bath facilities with adequate water supply
 - j. Adequate drainage
 - k. Fire-fighting facilities in good condition that are appropriately distributed throughout the premises
 - l. Mosquito screening for the wards
 - m. Nurses ' bay
- 11. Doctors' room
- 12. Possession of required professional indemnity insurance cover as stipulated in the Agency Operational *Guidelines*
- 13. Possession of appropriate equipment and staff to render services in the field of specialization
- 14. Registration of premises by the Government of the State in which they operate, where applicable
- 15. Alternative power supply in good condition

8.3.3 Side Laboratory

- a. Microscope Bench centrifuge
- b. Refrigerator
- c. Glassware (slide, cover slips, etc)
- d. Stains
- e. Reagents/Kits
- f. Haematocrit centrifuge and reader
- g. Adequate waste disposal

Note: Side laboratory is a prerequisite for registration as a primary healthcare facility

8.3.4 Personnel Requirements

1. Primary HealthCare Facilities (other than PHCs)

Public and private hospitals should have the following:

- a. At least one Medical Practitioner
- b. At least five Registered Nurses/Midwives
- c. At least two Hospital Assistants
- d. At least one administrative staff and secretarial duties
- e. At least one Medical Records
- f. At least one Medical Laboratory Technician

2. Primary Health Centres (PHCs)– Infrastructural Requirements.

Primary Healthcare Centres should meet the standards as set by the National Primary Health Care Development Agency (NPHCDA). The minimum standard set below is culled from ‘The Minimum Standards for PHCs in Nigeria Manual’ of the NPHCDA.

3. Minimum Infrastructure:

A. Building and Premises

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

The building should have enough rooms and space to accommodate.

- i. Waiting/Reception areas for Child Welfare, ANC, Health Education and ORT corner
- ii. Staff station
- iii. 2 consulting rooms
- iv. Adolescent health service room
- v. Pharmacy & Dispensing unit
- vi. 2 delivery rooms
- vii. Maternity/lying-in section
- viii. In-patient ward section

- ix. Laboratory
- x. Medical records area
- xi. Injection/Dressing area
- xii. Minor procedures room
- xiii. Food demonstration area
- xiv. Kitchen
- xv. Store
- xvi. Toilet facilities (Male and Female)

The premises should.

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

B. Medical Equipment:

The Basic Equipment List for Primary Health Care Facilities in Nigeria are listed below:

S/N	Item description	Quantity
A	FEMALE WARD	
1.	Angle poised lamp	1
2.	Artery forceps (Medium)	4
3.	Bed pan (stainless steel)	2
4.	Bowls stainless steel with stand	2
5	Ceiling fan	2
6	Plastic chair	2
7	Stainless covered bowl for cotton Wool	2
8	Graduated medicine, cup	2
9	Dissecting forceps	2
10	Dressing scissors	2
11	Dressing trolley	1
12	Drinking mug	2
13	Dust bin (Pedal)	2
14	Galipot (medium)	1
15	Gloves, disposable pack of 100	2
16	Hospital bed, mattress and Macintosh	6
17	Stainless Instrument tray	1
18	Forceps Jar	1
19	Kerosene pressure lamp	1
20	Kidney dishes (large)	4
21	Length measure for babies	1
22	Long benches	1
23	Mercurial Sphygmomanometer (Acossons)	6

24	Hand Breast Pump, rubber bulb	4
25	Refrigerator (kerosene)	1
26	Screen 1	3
27	Mackintosh sheet	1
28	Stethoscope (Littman)	1
29	Stitch removal/suture scissors	1
30	Writing Table	1
31	Tape measure	1
32	Thermometer, oral	2
33	Thermometer rectal	2
34	Tongue depressor	2
35	Vaginal speculum, Sims, set of 3	2
B	INFANT AND CHILD WELFARE	
1	Ceiling fan	1
2	Plastic Chairs	2
3	Stainless covered bowl for cotton Wool	1
4	Basket with lid for ORS	2
5	Dressing Trolley	1
6	Cup, medicine, graduated	4
7	Dust bin (pedal)	2
8	Stainless Galipot (medium size)	1
9	Table infant weighing scale (Seward)	5
10	Stainless instrument tray	1
11	Stainless kidney dish (medium size)	1
12	Wooden long benches	1
13	Plastic bowls	1
14	Refrigerator, gas/kerosene	1
15	Spoon measure	3
16	Wooden tables	2
17	Thermometer, rectal	4
18	Tongue depressor	2
19	Vaccine cold box	5
20	Length measure for babies	3
21	Bowls stainless steel with stand	1
22	Wall clock	1
23	Door name plate	1
C	FIRST STAGE ROOM	
1	Stainless bedpan	3
2	Bowls stainless steel with stand	1

3	Ceiling fan	1
4	Plastic chairs	3
5	Stainless covered bowls for cotton wool	2
6	Dressing trolley	1
7	Stainless steel drinking mug	2
8	Pedal dust bin	1
9	Foetal stethoscope	1
10	Stainless galipot (medium)	1
11	Latex gloves, disposable pack of 100	2
12	Hospital bed, mattress and mackintosh	2
13	Mercurial Sphygmomanometer (Acossons)	1
14	Jar, forceps	2
15	Kerosene pressure lamp	1
16	Stainless kidney dish (median)	2
17	Mackintosh sheet	4
18	Nail scrubbing brush, box of 12	1
19	Stainless instrument tray with stand	1
20	Sponge holding forceps	2
21	Stethoscope (Littman)	1
22	Office table	1
23	Thermometer, oral	2
24	Tongue depressor	2
25	Weighing scale (Seward)	1
26	Chart holder	4
27	Bedside cabinet	2
28	Over-bed cabinet	2
29	Thermometer jar	4
30	Soap/disinfectant dispenser	1
31	Urinal, female	2
32	Drip stand	1
33	Oro-pharyngeal airway (set of 7)	2
34	Wall clock	1
35	Door name plate	
	LABOUR	
1	Artery forceps (Medium)	4
2	Bed pan, adult stainless steel	2
3	Stainless Bowls with stand	1
4	Ceiling fan	1
5	Plastic Chairs (president)	1
6	Covered bowl for cotton wool	1
7	Delivery couch	2

8	Dissecting forceps	1
9	Dressing trolley	1
10	Dust bin (Pedal)	1
11	Enema can	2
12	Episiotomy scissors	2
13	Foetal stethoscope (Aluminium)	2
14	Stainless Galipot	1
15	Gloves, disposable pack, pack of 100	4
16	Instrument tray	1
17	Forceps jar	1
18	Kerosene pressure lamp	1
19	Kidney dish	2
20	Length measure for babies	1
21	Mackintosh sheet	2
22	Nail scrubbing brush, box of 12	1
23	Needle holder	2
24	Scalpel blade, pack of 100, 4 sizes	3
25	Sponge holding forceps	4
26	Stethoscope (Littman)	1
27	Suture needle	1
28	Syringes & Needles (100)2cc,	5
29	Syringes & Needles (100) 5cc,	5
30	Syringes & Needles (100) 10cc,	1
31	Thermometer, oral	1
32	Vaginal speculum, Sims set of 3 2 36 Wall clocks	1
33	Water container with tap	1
34	Screen	2
35	Soap/disinfectant dispenser 1 40 Scrub brush dispenser	1
36	Nursery costs	1
37	Angle poised lamp	1
38	Vacuum extractor, manual	1
39	Suction pump	1
40	Weighting scale, baby	1
41	Instrument cabinet	1
42	Tape measure	1
43	Thermometer jar	1
44	Urinary catheter	3
45	Umbilical cord clamp, pack of 100	1
46	Drip stand 2 52 Suture kit	1
47	Oro-pharyngeal airway, set of 7	1
48	Plastic apron	10

	ANTENATAL /INTERVIEW ROOM	
1	Ceiling fan	2
2	Examination couch	1
3	Foetal stethoscope	2
4	Stainless galipot (medium)	1
5	Latex gloves, disposable pack of 100	20
6	Hammer, reflex	1
7	Height measuring stick	1
8	Wooden long benches	3
9	Mackintosh sheet	2
10	Nail scrubbing brush, pack of 12	1
11	Pen torch	1
12	Mercurial Sphygmomanometer(Acossons)	1
13	Stethoscope	1
14	Tables	2
15	Thermometer, oral	2
16	Tongue depressor	6
17	Soap/disinfectant dispenser	1
18	Thermometer jar	1
19	Angle poised lamp	1
20	Bowls stainless steel with stand	1
21	Dressing trolley	1
22	Urine dipstick for sugar and albumin, pack of 100	20
23	ANC gowns for patients	50
24	Wall clock	1
25	Door name plate	1
	NUTRITION	
1	Spoon	10
2	Stainless drinking mugs	10
3	Gas cylinders	2
4	Knives	4
5	Gas cookers	1
6	Weighing scale (Seward)	1
7	Blender and mill	2
8	Stainless tray	1
9	Plates	10
10	Water container	4
11	Bucket wit lid	4
12	Chopping board	2
13	Cooking spoons	6
14	Kerosene stove	2

15	Utility table	2
16	Cooking pot (A set of 6)	1
	LABORATORY	
1	Kidney dish (medium)	1
2	Box, microscope slide (x100)	1
3	Centrifuge, manual	1
4	Clam, test tube	1
5	Container, sputum screw capped	50
6	Container, sputum, snapped on lid	50
7	Microscope, binocular	1
8	Refrigerator, kerosene	1
9	Scalpel handle	1
10	Slides rack	3
11	Spirit lamp	1
12	Stop watch	1
13	Test tube rack	1
14	Tray test tube	2
15	Tray test tube	2
16	Waste receptacle	1
17	Microscope cover slides pack of 1000	1
18	Bunsen burner	1
19	Tripod stand	1
20	Wire gauze	1
21	Laboratory glass ware	1
22	Blood lancets, pack of 200	1
23	Tourniquet	1
24	Urine dipstick (multistix)	10
25	Stool specimen bottles, pack of 100	1
26	Urine specimen bottles, pack of 100	1
27	Wall Clock	1
28	Door name plate	1
29	Haemoglobinometer (sliding type)	1
	STERILIZATION	
1	Bucket autoclave	1
2	Tape dispenser	1
3	Scrub brush dispenser	1
4	Autoclave tape	1
5	Storage cabinet	2
6	Sterilizing drums, set of 3	6
7	Soap/disinfectant dispenser	1

8	Nail scrubbing brush, pack of 12	1
9	Wall clock	1
10	Door name plate	1
	CLEANING AND UTILIZATION	
1	Brooms	10
2	Mops	10
3	Mop buckets	3
4	Dusters	20
5	Buckets	10
6	Aprons	10
7	Wellington boots	3
8	Latex gloves	10
9	Kerosene pressure lamp	2
10	Hurricane lamp	4
11	Apron, utility	8
12	Flash light – 24 box batteries	4
13	Nail scrubbing brush, pack of 12	1
14	Fire extinguishers	2
15	Soap box	5
	DRESSING/ INJECTION ROOMS	
1	Artery forceps (medium size)	2
2	Stainless Bowl with stand	1
3	Ceiling fan 2 4. Plastic chairs	2
4	Stainless covered bowl for cotton wool	1
5	Dissecting forceps (medium)	2
6	Dressing scissors	2
7	Dust bin (pedal bin)	1
8	Stainless Instrument tray	2
9	Latex gloves (size 7 1/2) pack of 100	1
10	Stainless instrument tray	1
11	Jar, forceps	1
12	Kidney dish (medium)	2
13	Long benches	1
14	Needle holder	2
15	Plastic bowls	1
16	Scalpel blade, pack of 100, 4 sizes	3
17	Scalpel handle	2
18	Stainless catheter tray with cover	1
19	Spencer wells artery forceps	2
20	Small sterilizer	1

21	Sponge holding forceps	4
22	Mercurial Sphygmomanometer (Acossons)	1
23	Stethoscope	1
24	Stitch removal/suture	2
25	Stretcher trolley	2
26	Suture needles	1
27	Syringes & needles (100) 2cc, 5	5
28	Syringes & needles (100) 5cc 5	5
29	Syringes & needles (100) 10cc	1
30	Table	1
31	Tape measure	1
32	Thermometer, oral	2
33	Thermometer, rectal	2
34	Tongue depressor	4
35	Scrub brush dispenser	2
36	Weighting scale, adult	1
37	Height measuring stick	1
38	Stainless dressing trolley	2
39	Tourniquet	1
40	Pen torch	1
41	Instrument cabinet	2
42	Medicine cupboard	1
43	Wheel chair	1
44	Angle poised lamp	2
45	Filling cabinet	1
46	Suction pump	1
47	Filling cabinet	1
48	Refrigerator, kerosene	1
49	Tissue forceps	4
50	Dressing forceps	4
51	Sterilizing forceps	4
52	Bandage scissors	2
53	Soap/disinfectant dispenser	2
54	Examination couch	1
55	Foot step	1
56	Swivel stool	1
57	Incision and Drainage kit	10
58	Suture kit	4
59	Stainless ear syringe	2
60	Wall clock	5
	LINEN STORE	

1	Linen cupboard	2
2	Pedal dust bin	1
3	Table	1
4	Plastic chair (President)	2
5	Bed sheet	32
6	Draw sheet	16
7	Pillow case	32
8	Bath towel	24
9	Hand towel	24
10	Theatre gown	10
11	Lithotomy leggings	10
12	Perineal sheet	1
13	Standing fan	1
14	Wall clock	1
	CONSULTING CUBICLE	
1	Ceiling fan	2
2	Plastic Chairs	3
3	Stainless covered bowl for cotton wool	2
4	Dust bin	2
5	Examination couch	1
6	Hammer, reflex	1
7	Height measuring stick	1
8	Macintosh	2
9	Pen torch	1
10	Mercurial Sphygmomanometer (Acossons)	1
11	Stethoscope	1
12	Snellen's chart	1
13	Tables	2
14	Thermometer, oral	2
15	Tongue depressor	6
16	Weighing scale (child)	2
17	Bowls stainless steel with stand	1
18	Wall clock	1
19	Diagnostic set	1
	STAFF ROOM	
1	Examination couch	1
2	Chair	5
3	Table	5
4	Dust bin	2
5	Filling cabinet	2

6	Standing fan	1
7	Refrigerator, kerosene	1
8	Wall clock	1
	RECORDS	
1	Table	2
2	Plastic chairs	2
3	Safe (daily cash sales)	1
4	Standing fan	2
5	Dust bin	1
6	Filling cabinet	2
7	Wall clock	1
	MALE WARD	
1	Angle poised lamp	1
2	Artery forceps (medium)	2
3	Stainless bedpan	2
4	Bowls stainless steel with stand	2
5	Ceiling fan	2
6	Mercurial Sphygmomanometer(Acossons)	6
7	Covered bowl for cotton wool	2
8	Cup, medicine, graduated	2
9	Dissecting forceps (medium)	2
10	Dressing scissors	2
11	Stainless drinking mug	2
12	Pedal dust bin	2
13	Stainless galipot (medium)	2
14	Latex glove, disposal pack of 100	2
15	Hospital, mattress and mackintosh	6
16	Stainless instrument tray	1
17	Jar forceps	1
18	Kerosene pressure lamp	1
19	Kidney dishes (medium)	4
20	Length measure for babies	1
21	Mackintosh sheet	6
22	Nursery cots	4
23	Pump, breast, hand rubber bulb	2
24	Refrigerator	1
25	Screen	1
26	Plastic chairs	1
27	Spoon, measure	2
28	Standing fan	1

29	Littman stethoscope	1
30	Stitch removal/suture scissors	1
31	Syringes & needles (100) 2cc,	5
32	5cc	5
33	10cc	1
34	Tables	1
35	Tape measure	1
36	Thermometer, oral	2
37	Thermometer, rectal	2
38	Tongue depressor	2
39	Tourniquet	1
40	Vaginal speculum, Sims, set of 3	2
41	Weighing scale	1
	FAMILY PLANNING	
1	Ceiling fan	1
2	Plastic chairs (president)	2
3	Stainless covered bowl for cotton wool	1
4	Dissecting forceps	1
5	Stainless galipot (medium)	1
6	Gloves, disposable pack, box of 100	1
7	Instrument tray	1
8	Stainless kidney dish (medium)	1
9	Mercurial Sphygmomanometer (Acossons)	1
10	Small size sterilizer	1
11	Syringes & needles	10
12	Table	1
13	Thermometer, oral	1
14	Swivel stool	1
15	Foot step	1
16	Screen	1
17	Stethoscope (Littman)	1
18	Angle poised lamp	1
19	IUD Kit 1 22. Pedal bin	1
20	Thermometer jar	1
21	Bowls stainless steel with stand	1
22	Stainless instrument trolley	1
23	Gynae couch	1
24	Auwards speculum	1
25	Tenaculum forceps	1
26	Kick about	1
27	Wall clock	1

28	Door name plate	1
	OTHERS	
1	Communication facility, e.g. mobile phone or radio	1
2	Motorcycle	1
3	Bicycle	6
4	Solar Refrigerator	1

8.3.5 PHC Personnel Requirement

- | | |
|--|---|
| a. Medical officer | 1 |
| b. CHO (must work with standing order) | 1 |
| c. Nurse/midwife | 4 |
| d. CHEW (must work with standing order) | 3 |
| e. Pharmacy technician | 1 |
| f. JCHEW (must work with standing order) | 6 |
| g. Environmental Officer | 1 |
| h. Medical records officer | 1 |
| i. Laboratory technician | 1 |
| <i>Support staff</i> | |
| a. Health Attendant/Assistant | 2 |
| b. Security personnel | 2 |
| c. General maintenance staff | 1 |

8.3.6 Nursing and Maternity Homes

- Proof of access to Medical Practitioner
- At least two registered nurses/midwives
- At least two hospital assistants
- At least one administrative staff for medical records and secretarial duties

8.4 Facility and Personnel Requirements for Secondary Health Care Facility

This level of health care is to have facilities for outpatient and in-patient services, for general, medical, surgical, paediatric, maternal care, etc. The wards are divided strictly into gender compartments. For a facility to be accredited as secondary facility it must possess the following accredited services:

- Pharmacy
- Laboratory
- Operating theatre (where applicable)

8.4.1 Facility Requirements

In addition to the requirements specified for primary health care facilities and the compulsory requirement above, the secondary health care facility depending on the services applied for, shall possess the following:

1. X-ray and allied diagnostics
2. Surgical operating theatre
3. Lying-in ward with minimum distance of one metre in-between adjoining beds, and 1 x 3 sq. metres between two rows of beds
4. A locker and an over-bed table for each bed
5. Separate wards for male, female and children
6. Delivery room, where applicable, to be 12sq. metres
7. Wheel chair/patients' trolley
8. Sluice room
9. Possession of required professional indemnity insurance cover as stipulated in the NHIA Operational Guidelines
10. Possession of appropriate equipment and staff to render services in the field of specialization
11. Laundry Services
12. Medical Equipment Management System
13. Medical Janitorial Services
14. Catering Services
15. Bed pan/Urinal
16. At least four Bed linens per bed
17. Screens
18. Adequate waste disposal
19. Adequate alternate power source
20. Fire-fighting equipment

Note: Any other facility that may be prescribed by the Agency.

8.4.2 Minimum Requirements for O & G

- A. Personnel
 - i. Consultant Obstetrician and Gynaecologist
 - ii. At least a visiting Paediatrician
 - iii. At least two RN/RM per shift
 - iv. Peri-operative nurse
 - v. Anaesthetic personnel
- B. Gynaecological Clinic
- C. Antenatal, Post-natal and Family Planning Clinics \
- D. Antenatal, Post-natal and Gynae Wards
- E. Delivery Suite:
 - i. First Stage
 - ii. At least one bed
 - iii. Labour room at least 4 x 3 metres
- F. Equipment and consumables in labour room should include the following:
 - i. At least 2 Delivery beds
 - ii. Baby's cot

- iii. Weighing scale for (babies)
- iv. Delivery pack containing:
 - Episiotomy scissors
 - Kocher forceps
 - Artery forceps
 - Surgical scissors
 - Kidney dish without cover
 - Galipot
 - Straight scissors (long)
 - Cord scissors
 - Kidney dish with cover
 - Cord Clamp
 - Needles & Syringes –
- v. Mucous extractor
- vi. Surgical gloves
- vii. Disposable gloves
- viii. Draw Mackintosh
- ix. Tape rule
- x. Sterilizer (for delivery pack)
- xi. Suturing materials
- xii. Gauze bowl
- xiii. Vitamin K, Oxytocin and Ergometrine injections
- xiv. Resuscitative Equipment:
 - xv. Oxygen
 - xvi. Suction machine (auto or pedal)
 - xvii. Ambu bag
 - xviii. Resuscitative table
 - xix. Oropharyngeal airway
 - xx. Disposable gloves
 - xxi. Needles & syringes
 - xxii. 10/50% dextrose
 - xxiii. Scalp vein needle 21G, 23G
 - xxiv. IV giving set
 - xxv. Normal saline
 - xxvi. Dextrose saline
 - xxvii. At least 4 beds
 - xxviii. Adequate toilet facilities
 - xxix. Adequate lighting
 - xxx. Adequate water supply
 - xxxi. Adequate waste disposal
 - xxxii. Washable floor
- G. Operating Theatre
 - i. Standard theatre room

- ii. Operating table
- iii. Diathermy Machine
- iv. Gynae and Obstetrics Packs
- v. Anaesthetic machine
- vi. Cardio-Respiratory Monitor
- vii. Suction Machine
- viii. Autoclave
- ix. Emergency Tray
- x. Adequate air conditioning units
- xi. Adequate resuscitative equipment
- xii. Operating light source
- xiii. Washable floor

8.4.3 Minimum Requirements for Surgery

1. Personnel
 - i. Consultant Surgeons
 - ii. Peri-operative nurse
 - iii. Anaesthetic personnel (doctors/nurses)
 - iv. Intensive Care Nurse or Accident and Emergency Nurse, Theatre technician
2. Surgical Clinic
3. Male and Female Surgical Ward
4. Operating Theatre
 - i. Standard theatre room
 - ii. Operating table
 - iii. Diathermy Machine
 - iv. Minor and Major Surgical Packs
 - v. Anaesthetic machine
 - vi. Cardio-Respiratory Monitor
 - vii. Suction Machine
 - viii. Autoclave
 - ix. Emergency Tray
 - x. Adequate air conditioning units
 - xi. Adequate resuscitative equipment
 - xii. Operating light source
 - xiii. Washable floor
5. Casualty (Accident & Emergency)
 - i. Stretcher
 - ii. Couch
 - iii. Drip stand
 - iv. Emergency Trolley/Cupboard
 - v. Adequate resuscitative equipment

8.4.6 Minimum Requirements for Pediatrics

- **Personnel**

- i. Pediatrician
- ii. Pediatric nurses
- iii. Nutritionist/dietician

- **Equipment**

- a. ***Paediatric Clinic***

- i. Examination couch
- ii. Auroscope
- iii. Laryngoscope/Endotracheal tube
- iv. Oxygen cylinder with face mask
- v. Torch light/spot light
- vi. Tongue depressor
- vii. Weighing scale
- viii. Tape rule
- ix. Suction machine
- x. Treatment tray/Cupboard
- xi. Paediatric sphygmomanometer
- xii. Paediatric stethoscope
- xiii. Sterilizer
- xiv. Waiting area
- xv. Clinical thermometer

- b. **Emergency Paediatric Unit (EPU)**

- i. Paediatric couch/beds
- ii. Solusets and Haemosets
- iii. Weighing scale
- iv. Tape rule
- v. Suction machine
- vi. Oxygen cylinder/face mask/endotracheal tube
- vii. Diagnostic set
- viii. Emergency drug tray/cupboard
- ix. Treatment tray
- x. Sphygmomanometer/stethoscope
- xi. Paediatric resuscitative kit
- xii. Paediatric ambu bag
- xiii. Gloves

- c. **Special Care Baby Unit (SCBU)**

- i. Scrubbing Room
- ii. Incubator
- iii. Heat radiant
- iv. Exchange blood transfusion kits
- v. Solusets (various set)

- vi. Phototherapy machine
- vii. Oxygen cylinder/face mask/endotracheal tube
- viii. Weighing scale and tape rule
- ix. Spot light/torch light
- x. Diagnostic set
- xi. Emergency drug tray/cupboard
- xii. Treatment/instrument tray

d. Nutritional Rehabilitation Unit (NRU)

- i. Demonstration laboratory (i.e. room with demonstration aids)
- ii. Nutritional clinic
 - ✓ Weighing scale
 - ✓ Tape rule
 - ✓ Health Education Aids (i.e. posters, flow charts)

8.4.7 Minimum Requirements for Internal Medicine

- Personnel
 - i. Consultant Physicians
 - ii. Qualified Nurse with Relevant Specialization
- Medical Out-patient Department
- Diabetic Clinic
- Hypertensive Clinic
- Cardiac Clinic
- G I Clinic
- Renal/Nephrology Clinic
- Neurology Clinic
- Relevant Equipment such as: ECG, EEG, Echo – Cardiography

8.4.6 Minimum Requirements for Dental Clinics

- **Personnel**
 - i. Dental Surgeon
 - ii. Dental Therapist
 - iii. Dental Technologist
- **Dental Clinic**
 - i. General outlay (20 sq. meter)
 - ii. Waiting area
 - iii. Screened/partitioned cubicle
 - iv. Complete dental unit
 - v. Autoclave
 - vi. Extraction forceps
 - vii. Elevators
 - viii. Amalgamator
 - ix. Tooth filling instruments (temporary/permanent)

- x. Tooth extraction materials
- xi. Dental syringes
- xii. Xylocaine cartridge/spray
- xiii. Dental X-ray machine

NOTE: Dental services may be provided by in-house facilities or stand- alone dental centres accredited by the Agency.

8.4.7 Minimum Requirements for Ear, Nose and Throat (Otorhinolaryngology)

- Personnel
 - i. ENT Surgeon
 - ii. ENT Nurse
- Well-Equipped Clinic
 - i. ENT examination table with instrument set(Console)
 - ii. Headlamp/head mirror
 - iii. Auroscope
 - iv. Fibre optic Naso-laryngo-pharyngoscope
 - v. Suction machine
 - vi. Sterilizing systems
 - vii. Chemical sterilization
 - viii. Steam sterilization (Autoclave)
- Audiometry Unit
 - i. Audiometer
 - ii. Tympanometer
 - iii. Bera equipment
 - iv. Calorimeter
- **Special Therapy Unit**

8.4.8 Minimum Requirements for Ophthalmology

- Personnel
 - i. Consultant Ophthalmologist
 - ii. Ophthalmic Nurse
 - iii. Anaesthetic Personnel
- Ophthalmology Clinic
 - i. Waiting area
 - ii. Instrument tray/trolley
 - iii. Slit lamp
 - iv. Applanation tonometer
 - v. Ophthalmoscope
 - vi. Retinoscope
 - vii. Flash light
 - viii. VA chart box
 - ix. Trial lens set (for refraction)

- x. Visual field machine
- xi. AB scoring machine
- xii. CVF machine
- xiii. Ophthalmic drops
- xiv. Lensometer
- Treatment Room
 - i. Examination couch
 - ii. Minor treatment set
 - iii. Sterilization systems
 - iv. Autoclave
 - v. Angle poised lamp
 - vi. Treatment tray/trolley
 - vii. Flash light
- Adequate Inpatient Ward
- Theatre
 - i. Operating microscope
 - ii. General ophthalmic surgery set
 - iii. Oxygen and delivery system

8.4.9 Minimum Requirements for Optometry

- Personnel
 - i. Optometrist
 - ii. Ophthalmic Technician
- Clinic
 - i. Waiting area
 - ii. Instrument tray/trolley
 - iii. Slit lamp
 - iv. Lensometer
 - v. Ophthalmoscope
 - vi. Retinoscope
 - vii. Flash light
 - viii. VA chart box
 - ix. Trial lens set (for refraction)
 - x. Visual field machine
 - xi. AB scoring machine
 - xii. CVF machine
 - xiii. Ophthalmic drops
 - xiv. Applanation tonometer
- Optometry laboratory
 - i. Glazing Machine
 - ii. PD (pupillary distance) rule
- Optometry laboratory
- Glazing Machine

- PD (pupillary distance) rule

8.4.10 Minimum Requirements for Pharmacy

- **Personnel**
 - i. Superintendent Pharmacist
 - ii. Pharmacy Technician where applicable
 - iii. Sales Personnel where applicable
- **Pharmacy**
 - i. Possession of approved and registered premises as specified by the Pharmacists Council of Nigeria (PCN)
 - ii. Possession of required professional indemnity insurance cover as stipulated in the Agency *Operational Guidelines*
 - iii. Pharmacy must be equipped to meet the minimum requirements as prescribed below:
 - Pharmacist with basic qualification and registered with the Pharmacists Council of Nigeria
 - Pharmacists possession of current licence to practise from the Pharmacists Council of Nigeria (PCN)
 - Possession of current premises licence issued by the PCN
 - Pharmacy must be supervised by a Superintendent pharmacist, approved and registered by the Pharmacists Council of Nigeria
 - Pharmacy must provide services 24 hours a day and 7 days a week.
- **General outlay of the premises:**
 - a. Entire space area as prescribed by PCN
 - b. Arrangement of shelves and drugs for easy access
 - c. Pharmacist's office/counselling area
 - d. Display of original certificates
 - e. Separate dispensing area with tray and spatula/spoon
 - f. Air-conditioner
 - g. Fans
 - h. Refrigerator
 - i. Washable floor
- **Adequate storage for drugs:**
 - a. Separate air-conditioned store with shelves
 - b. Refrigerator
- **Drug Information Unit:**
 - a. Computer, Printer and Internet access
 - b. Medi-Pharm or MIMs Africa
 - c. Martindale – Extra-pharmacopoeia
 - d. Pharmacy Laws
 - e. British Pharmacopoeia
 - f. National Drug Policy

- g. National Essential Medicines List
- h. Pharmacy Journals
- i. The 4 parts compendia of standards for the assurance of pharmaceutical care in Nigeria.
- **Schedule drugs**
 - a. Separation of schedule drugs from over-the-counter drugs
 - b. Availability of lockable DDA cupboard
 - c. Availability of disposal of Dangerous Drugs Register (PCN Form K)
 - d. Regular entries into the Dangerous Drugs Register (PCN Form K)
- **Adequate record keeping/ computerization**
 - a. Drug receipts
 - b. Sales invoices
 - c. Sales books/ledgers
 - d. Bin cards
 - e. Adverse Drug Reaction Register
- Alternative power supply
- Fire Extinguisher

Note: Pharmacy services may be provided by hospital facilities as stated above, or by the community pharmacies accredited by the Agency.

8.4.11 Minimum Requirements for Medical Laboratory Services

- **Personnel**
 - i. Medical Laboratory Scientist
 - ii. Medical Laboratory Technician
 - iii. Medical Laboratory Assistant
- Note:** It is necessary to have an officer dedicated to Quality assurance/biosafety at secondary and tertiary healthcare facilities.
- **Laboratory**
 - i. Possession of a laboratory approved by the Medical Laboratory Science Council of Nigeria (MLSCN)
 - ii. The laboratory should be equipped to perform full investigations in the following areas:
 - a. Haematology/Blood group serology
 - b. Clinical Chemistry
 - c. Medical Microbiology
 - d. Medical Parasitology
 - e. Histopathology (where necessary)
 - Possession of personnel requirements for comprehensive laboratory services, i.e. qualified Medical laboratory scientists in the following specialized areas:
 - a. Medical Microbiology
 - b. Haematology/Blood group serology
 - c. Clinical Chemistry

- d. Medical Parasitology
- e. Histopathology (where necessary)
- Possession of the following general minimum equipment and consumables:
 - i. Binocular Microscope
 - ii. Incubator
 - iii. Weighing balance
 - iv. Water or Dry bath
 - v. Bench Centrifuge
 - vi. Haemoglobin electrophoresis machine and accessories
 - vii. Haematocrit centrifuge and reader
 - viii. ESR system and accessories
 - ix. Bunsen burner and gas cylinder
 - x. Laboratory consumables (disposables, reagents, chemicals, stains etc.)
 - xi. Laboratory glass wares
 - xii. Colorimeter/Spectrophotometer
 - xiii. Improved Neubauer counting chamber
 - xiv. Domestic and Blood Bank Refrigerators
 - xv. Sterilizer/Autoclave
 - xvi. Bleeding Bay/Sample Collection Room
 - xvii. Pipetting devices (single or variable, serologic, etc)
 - xviii. Microtome (where necessary)
 - xix. Wooden or plastic racks
 - xx. Wash- up room/special media room
 - xxi. Adequate water supply
 - xxii. Air-conditioner
 - xxiii. Fire extinguishing facilities
 - xxiv. Alternative power supply
 - xxv. Toilet facilities/washable floor
 - xxvi. Adequate Sharp/Waste Disposal
 - xxvii. Bio-safety cabinet
 - xxviii. Waste disposal (local incinerator must be provided)
 - xxix. Impermeable working benches (Formica/tiles)
 - xxx. No cloth blinds
 - xxxi. Separate media room for microbiology which must be air-conditioned
 - xxxii. Adequate illumination is vital
 - xxxiii. Copy of certificate of incorporation or business name registration certification must accompany the n completed forms

Note: Possession of the following equipment at the different departments/benches

- Chemical Pathology
 - a. Flame Photometer
 - b. Colorimeter/spectrophotometer
 - c. Fridge
 - d. Deep freezer

- e. Chemical Balance
 - f. Automatic Pipette
- Haematology
 - a. Haematocrit
 - b. Microscope
 - c. Centrifuge
 - d. Colorimeter (if offering chemical pathology colorimeter spectrometer provided for chemical pathology will suffice)
- Parasitology
 - a. Microscope
 - b. Centrifuge
 - c. Hot air oven
- Bacteriology
 - a. Binocular
 - b. Autoclave
 - c. Hot air oven
 - d. Anaerobic jar
 - e. Facilities for CO₂ incubation
 - f. Centrifuge
 - g. Incubator
- Blood transfusion Science
 - a. Blood Bank
 - b. Facilities for bleeding of donors (bleeding coach)
 - c. Centrifuge
 - d. Microscope
 - e. Water bath
- Histology
 - a. Microtome

8.4.12 Minimum Requirements for Radiography

- **Personnel**
 - a. At least a part time Radiologist
 - b. Radiographer
- **Radiological Centre**
Premises duly registered with the Government of the State in which the facility operates as an X-ray centre, and possession of minimum of radiological equipment for routine and special investigations, as specified by the Radiographers Registration Board of Nigeria (RRBN) and Nigeria Nuclear Regulatory Agency (NNRA).
- **Radio Diagnosis**
Minimum requirements as follows:
 - a. Waiting room
 - b. Standard X-Ray room as specified by the RRBN

- c. At least one static X-Ray machine with a minimum of 100 MAS and 125 KVP output rating
- d. One sizeable processing room equipped with a set of manual processors, including a drier
- e. One X-Ray couch with Bucky
- f. One chest stand
- g. Lead aprons
- h. Protective cubicle
- i. Hangers – all sizes
- j. Cassettes – all sizes
- k. X-ray viewing box
- l. Gloves and masks
- m. Gonad Shields
- n. Safe Light
- o. Lead Lining as specified by RRBN

8.4.13 Minimum Requirements for Ultrasonography

- Personnel
 - i. Sonographer
 - ii. Visiting Sonologist
- USS Centre
 - i. Registration with RRBN
 - ii. Possession of professional indemnity cover as may be determined from time to time by the NHIA
 - iii. Patient waiting room
 - iv. One ultrasound machine – with at least standard probes of different resistance rating
 - v. Gel

Note: The above services may be provided by in-house facilities or by stand-alone centres accredited by the NHIA.

8.4.14 Minimum Requirements for Physiotherapy and Other Medical Rehabilitation Therapy Professions

- Personnel
 - i. Registered Physiotherapists and Other medical rehabilitation therapists
 - ii. Medical rehabilitation therapy technicians
- Clinic/Centre
 - i. Certification of equipment and premises by MRTB
 - ii. Registration with the Medical Rehabilitation Therapists Board (MRTB)
 - iii. Possession of professional indemnity cover as stipulated in the Agency *Operational Guidelines*.
 - iv. Current licence to practise
 - v. Well-equipped gym containing:

- ✓ Bicycle ergometer Wall & parallel bars
- ✓ Hand and wrist exerciser
- ✓ Traction machine
- ✓ Re-education boards
- ✓ Exercise mats/mattresses
- ✓ Shoulder wheels
- ✓ Tread mill
- ✓ Air-conditioner
- ✓ Compression Bands
- ✓ Foam Pads of all sizes and shapes
- ✓ Bowls and dishes
- ✓ Sterilizers/Autoclave
- Treatment room (rehabilitation equipment)
 - i. Short-wave diathermy
 - ii. Infra-red
 - iii. Hydro Pak (Hot, cold)
 - iv. Electrical stimulators
 - v. Ultrasound stimulators
 - vi. Wax bath stimulators
 - vii. Ultraviolet stimulators
 - viii. Micro wave stimulators
 - ix. Sphygmomanometer
 - x. Splints
 - xi. Clean linen
 - xii. Gloves and masks
 - xiii. Crepe bandages
 - xiv. Stadiometer
 - xv. Ointment/cream for massage
- Assistive devices (store)
 - a. Walking stick
 - b. Crutches
 - c. Walking frame
 - d. Wheel chairs

8.4.15 Medical Record (Minimum Requirement for Health Records)

- Personnel
 - a. Health Technicians in Health Information Management
 - b. Register with NHRA and HRORBN
 - c. OND/HND in Health Information Management register with NHRA and HRORBN
- Material
 - a. Patient waiting room with pigeon window well furnished.
 - b. Patients Hand card

- c. Patients folder
- d. Tracer card
- e. Out Patient Register
- f. In Patients Register
- g. Notification of Diseases Form
- h. ICD 10/11 by WHO
- i. Computer/IT Backups
- j. Library with Professional Medical journals
- k. Health records Archive As specified by HRORBN

- l. Agency desk office
 - Good ventilation
 - Washable floor
 - Alternate Power Supply
 - Fire-fighting equipment

Note: Physiotherapy and Other medical rehabilitation therapy services may be provided by in-house facilities or by stand-alone physiotherapy clinics/centres accredited by the Agency.

8.5 Facility and Personnel Requirements for Tertiary Health Care Facility Categories

- Teaching Hospitals
- Federal Medical Centers
- Specialist Hospitals
- Specialized Hospitals

8.5.1 Teaching Hospitals

- Personnel

Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

- Clinics
 - a. **Psychiatry**
 - b. Subspecialty in: **Surgery** (viz: Urology, ENT, ophthalmology, orthopaedics, paediatric surgery, etc)
 - c. Internal medicine (viz. dermatology, nephrology, neurology, cardiology etc)
 - d. **O&G** (Reproductive endocrinology, high risk obstetrics and gynaecological oncology etc)
 - e. Paediatrics (viz. paediatric oncology, paediatric nephrology, paediatric neurology, paediatric cardiology and neonatology)

- Services

In addition to all the departments identified at the secondary level:

 - a. Specialized Laboratory services

- i. Blood Transfusion services
 - ii. Histopathology
 - iii. Forensic Services
 - iv. PAP smear
 - v. HIV confirmation, CD 4 count and Viral load etc
 - b. Specialized medical imaging department
 - i. Magnetic Resonance Imaging (MRI)
 - ii. Radiotherapy
 - iii. Nuclear Medicine
 - iv. Computerized Tomography Scan
 - c. Physiotherapy
 - d. Pharmacy.
 - i. Satellite Pharmacy
 - ii. Pharmaceutical Care
 - iii. Compounding
 - iv. Drug Information Service
 - v. Therapeutic Drug Monitoring
 - vi. Unit dose dispensing
 - e. Medical Library
 - f. Adequate Information and Communication Technology (ICT) infrastructure to include internet access.
 - g. Dialysis
 - h. Optometry
- Minimum Bed Space - 70 Beds
 - Equipment: As for each sub-specialty

8.5.2 Federal Medical Centers

- Personnel
Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel
- Clinics
All the clinics identified at the secondary level and available sub-specialties.
- Services
As per existing departments and sub-specialties
- Equipment
As for each sub-specialty in addition to requirements at secondary level.
- Minimum Bed Space - 50 Beds

8.5.3 Specialist Hospitals

- Personnel
Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel
- Clinics

All the clinics identified at the secondary level and available sub-specialties.

- Services
As per existing departments and sub-specialties
- Equipment
As for each sub-specialty in addition to requirements at secondary level.
- Minimum Bed Space - 40 Beds

8.5.4 Specialized Hospitals

- Personnel
Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel
- Clinics
All relevant clinics and available sub-specialties.
- Services
As per existing departments and sub-specialties
- Equipment
As for each sub-specialty in addition to requirements at secondary level for the specific service.
- Minimum Bed Space - 20 Beds

8.6 Provider Grading

Healthcare providers shall be categorized into two (2) categories based on the results of accreditation exercises:

- **Full accreditation:** This is for facilities that score a minimum of 70% thus meeting the required criteria and shall attain full accreditation status. To be awarded full accreditation status, facilities must have the following
 - i. evidence that specified personnel, equipment, and infrastructure requirements are available
 - ii. evidence of an annual quality improvement plan which addresses clinical and non-clinical structures and processes

The accreditation shall be valid for a period of 2 years and KECHEMA shall pay a maximum of four (4) visits to assess the status of quality assurance measures before the next accreditation visit.

Provisional accreditation: Health care facilities that do not meet all the required criteria but score a minimum of 50% shall be awarded temporary accreditation. The accreditation shall be valid for a period of one (1) year during which the facility is expected to meet up with requirements for full accreditation before the next accreditation exercise. KECHEMA shall conduct periodic follow-up accreditation before or after the expiration of the temporary accreditation license to evaluate the provider's compliance with the shared quality improvement plan towards achieving full accreditation or disengagement for failing to meet up to required criteria.

Providers shall be incentivized based on their grades as shown in the table below:

Provider Grade	Incentives
Full Accreditation	<ul style="list-style-type: none"> • Admittance into KECHES • Enrollee limit of 2000 enrollees subject to demonstration of capacity availability
Provisional Accreditation	<ul style="list-style-type: none"> • Admittance into KECHES • Enrollee limit of 500 enrollees subject to demonstration of capacity availability to be awarded full accreditation status

The KECHEMA will put quality assurance/improvement measures in place to facilitate the review of enrollee limits allotted to healthcare providers. In circumstances where a health care provider reaches its enrollee limit, the TPA or KECHEMA shall advise the enrollee to select another facility within the ward/LGA or will lift the cap on the provider (particularly in locations with limited options) with the provision that the healthcare facility will provide commensurate resources in terms of HRH and infrastructure to ensure quality of care is not compromised.

8.7 Provider Registration and Accreditation

As stated in the KECHEMA law, only registered and accredited providers by the Kebbi State Contributory Health Agency are eligible to provide healthcare services to enrollees on the scheme. The Agency has developed processes and accreditation tools to be used to assess/evaluate all levels of care providers to be eligible to operate on the scheme. This process is as described below:

- An Expression of Interest (EoI) shall be released by the Agency. Providers are expected to apply to the Agency by completing the appropriate registration form obtained from KECHEMA upon payment of the designated registration fee.
- The KECHEMA shall conduct visits to the HCFs to verify that they meet the management, personnel, and infrastructural criteria required for accreditation.
- Health facilities that meet the required accreditation criteria shall sign a Service Level Agreement (SLA) with the KECHEMA, and be enlisted and impanelled for the provision of services under the KECHES. SLAs shall be reviewed on a bi-annual basis.
- The names of accredited providers shall be published on the KECHEMA website.

No provider will be accredited concurrently as a primary and secondary provider. However, for LGAs without public or private primary healthcare facilities that meet the accreditation criteria, the KECHEMA would allow a secondary facility to operate concurrently as primary healthcare providers and secondary healthcare providers (but under strict conditions) for 1 year, after which the rule/policy will be reviewed. The standards and requirements for accreditation of health care facilities are outlined in the next section.

8.8 Procedures for Accreditation

The Kebbi State Healthcare Contributory Management Agency (KECHEMA) is established by Law in Kebbi State. The Agency will provide financial coverage to

enrollees of Kebbi Contributory Health Scheme (KECHES) and Basic Health Care Provision Fund (BHCPF).

Health Care Providers (HCPs) will be engaged to provide Primary and Secondary services to beneficiaries. The procedure/requirement for engagement of HCP include:

1. HCF must be NHIA accredited Health Facility and have Active HCF Account
2. Forward application letter for expression of interest to the Kebbi State Health Contributory Management Agency.
3. Pay an expression of interest fee for registration form of N25,000.00 to KEHEMA. (It is for KEHEMA registration only) all fees are subject to review.
4. Screening of completed application to determine suitability for possible inspection.
5. Registration/accreditation visit by the health care professional team (KEHEMA, NHIA or both) to perform an in-depth evaluation to determine whether the facility meets the established standard.
6. Pay a registration fee of N50,000 if accredited for primary services; or pay N100,000 if accredited for secondary services for a period of 2 years.
7. Signing of MOU/Medical service agreement between KEHEMA and HF management.
8. Publishing of list of HFs that have meet those requirements and have been registered into the scheme.
9. Commencement of enrollment process.
10. Periodic review of accredited/registered HCFs to determine whether they should continue to provide services to the enrollees of KEHEMA.

8.8.1 Comprehensive SOP for accreditation, selection and contracting of facilities.

1. Accreditation, selection and contracting of facilities. This involves:
 - a. Facility mapping (Public and Private and their locations, categorize into primary, secondary and tertiary)
 - b. KEHEMA shall ask for expression of interest (EOI from private facilities) Public hospitals are left out of EOI since they are state stakeholders – SPHCDA, HMB.
 - c. Review application letters submitted by facilities (Sort application based on what the facility applied for primary, secondary or tertiary facilities)
 - d. KEHEMA shall reply all letters indicating when the Agency will come for facility inspection.
 - e. Inspection of facilities
 - i. Develop the standard and quality assurance tool/checklist for inspection before inspection (See attached as annex)
 - ii. Site original and collect photocopies of certificates and licenses
 - iii. Site and collect photocopy of professional indemnity certificate
 - f. Analyze the checklist (Allocate points/marks – determine your pass mark e.g. 70%)

- g. Select successful facilities and issue unique identification number
 - h. Sign contract/SLA with facilities (Forward 2 copies of SLA to facility; Receive signed Service Level Agreement from HCP; issue Certificate of Accreditation; Archive signed Medical Service Agreement from HCP and update Healthcare Provider List
2. Collection of professional indemnity from providers
 3. Monitoring of Continuous Quality Improvement of facilities.
 4. Standards and Quality assurance department of KECHEMA will be responsible for the on-the-spot monitoring of the health care facilities.
 5. Standards and Quality Assurance department of KECHEMA shall monitor and oversight the quality improvement of facilities.
 6. Perform re-accreditation of facilities after 2 years of the initial accreditation.

8.9 Accreditation Fees

Each healthcare facility shall pay the sum of Twenty thousand naira (₦25, 000:00 for registration only) it is subject review.

All accredited facilities shall be required to pay accreditation fees as follows:

- a. Primary Services -Fifty Thousand Naira (₦50,000.00)
- b. Secondary and Tertiary Services – One Hundred Thousand Naira (₦100, 000.00) per service.

All fees are subject to review.

8.10 Conditions for Renewal of the Accreditation of Health Care Facilities

Accreditation of every HCF shall be renewable every Two (2) years. Some of the criteria for re-accreditation shall include:

- i. Accreditation for not less than Two (2) years
- ii. Availability of requisite skilled/experienced personnel
- iii. Availability of facilities to provide prompt and efficient services to enrolees
- iv. The institution has a well-organized and proper management structures.
- v. Employment of trained managers to run the administration of facilities professionally.
- vi. Attendance of Agency-HCF meetings shall be mandatory as an avenue to educate stakeholders. It shall be mandatory for the Director/CEO of Agency accredited facilities with appreciable number of enrolees to attend these meetings at least annually and the Agency shall use attendance of these meetings as one of the prerequisites for reaccreditation.
- vii. HCF must have made all returns due to the Agency if applicable.
- viii. Current licences of personnel and registration with regulatory bodies. (current licences of personnel to be sent to Agency on yearly basis or as applicable).
- ix. For a hospital/clinic to be accredited as secondary or tertiary healthcare facilities, it should have in-house pharmacy and laboratory.
- x. Every HCF shall meet the basic ICT infrastructure requirement for their category of accreditation.

- xi. All accredited HCFs shall put in place a functional medical records unit/department as a prerequisite to their re-accreditation. The unit/department shall coordinate the ICT of the facility.
- xii. The institutionalization of internal total quality management system that will ensure effective delivery of qualitative healthcare in liaison with the Agency and TPAs.
- xiii. Compliance with Agency operational guidelines
- xiv. Compliance with the judgment of the Arbitration board
- xv. Application for re-accreditation

Note:

- The Agency shall work towards ranking of accredited HCFs. This will enable the Scheme to set ceiling for the number of enrolees an HCF can efficiently and effectively manage.
- The Agency shall encourage group practice as a means of providing qualitative healthcare to enrollees.

8.10.2 Provider Exit from the Scheme/Relocation/Change of Name

A healthcare provider that intends to exit/change location or change its name shall give three (3) months' written notice to KECHEMA. The notice will be published on electronic platforms/media by the agency. Providers will also be required to provide sufficient accounts of their funding transactions between them and the Agency.

8.10.3. Suspension and Withdrawal of Accreditation

The Agency has the right to withdraw the health provider's accreditation or suspend the practice of health services arising from any of the reasons below; -

- Unresolved complaints from the enrolees
- Persistent low quality of services despite two successive warnings
- Loss of licence of the provider
- Malpractice resulting in sanction by any regulatory body.
- Non-compliance with the pre-developed quality improvement plan
- Failure to renew registration with the agency upon expiration of accreditation licence

8.11 MONITORING AND EVALUATION (M&E) SYSTEM

- a. The Agency should develop a monitoring and evaluation system to facilitate effective monitoring of the scheme.
- b. The M&E System should be adequately funded by the Agency.
- c. Base line and fiscal analysis studies should be conducted prior to the take-off of the scheme.
- d. Impact evaluation should be conducted after every 3 years to determine progress of the scheme.

8.12 MONITORING AND EVALUATION PLAN

- a. Design M&E guidelines.

- b. Baseline survey to assist in assessing impact.
- c. Survey on willingness and ability to pay.
- d. Fiscal space analysis and economic modeling.
- e. Ceiling for number of enrollees.

8.9.1 Some of the indicators to be monitored include:

S/NO	AGENCY OBJECTIVE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTION
1	Ensure that every Kebbi State resident has access to good healthcare services	<ul style="list-style-type: none"> • Number of enrollees registered into the scheme • Number of communities benefitting from Agency programs • Number of Schools participating in the scheme • Number of students enrolled into the scheme 	<ul style="list-style-type: none"> • Agency data base • List of Schools participating in the programs • List of communities covered 	Every Kebbi State resident has access to healthcare services.
2	Reduce the number of families bearing financial hardship of huge medical bills	<ul style="list-style-type: none"> • % of Kebbi State citizens who pay for healthcare out of their pockets 	Periodic surveys e.g. NDHS; Household living standard surveys	Decrease in out of pocket expenditure and less likelihood of financial hardship from huge medical bills
3	Limit the rise in cost of healthcare services	<ul style="list-style-type: none"> • Number of health programs available for enrollees to select from 	Data from actuarial analysis	The larger the pool, the less the premium per enrollee
4	Ensure equitable distribution of Healthcare costs among different income groups	<ul style="list-style-type: none"> • Number of enrollees in the informal sector • Number of enrollees in the vulnerable groups 	Agency database	Cross subsidization will ensure equity
		•		
6	Ensure efficiency in	<ul style="list-style-type: none"> • No of enrollees who express satisfaction 	Enrollee satisfaction survey	Enrollees are satisfied with services provided

	Healthcare services	with the services provided		
8	Ensure equitable patronage of all levels of Healthcare	<ul style="list-style-type: none"> • % of referrals approved 	<ul style="list-style-type: none"> • Encounter data • Referral register 	Ability of the agency/assigned TPAs to approve referrals with minimal denial
9	Ensure availability of funds to the Health sector for approved services	<ul style="list-style-type: none"> • % increase in the funds of the Agency • Amount of capitation paid to healthcare providers by the Agency. • Amount of fee-for-service paid to Healthcare providers by the Agency. 	<ul style="list-style-type: none"> • Financial records of the Agency 	All funds released to Healthcare providers are utilized to improve services at facility level

NB: Target and timeline for these indicators to be determined by the Agen**8.0**

9.0 OFFENCES AND PENALTIES

9.1 Any person who produces to an admitting official of hospital or a medical practitioner or a member of his staff or to a person authorized by Law to provide other health services or a member of his staff, a registration certificate.

- a. Knowing that the person named therein is not at the time of the production thereof not covered under the Law.
- b. Knowing that the person on behalf of whom and to facilitate whose treatment it is produced is not the person named therein or a dependent of that person; commits an offence and shall on conviction be liable to be sentenced to maximum period of Three months' imprisonment or pay a fine of Two Hundred and Fifty Thousand Naira (N250, 000:00) or both in addition to the cost of treatment incurred.

9.2 (a) Any person or organization who connives with a healthcare practitioner or Mutual Health Association to receive cash either for services rendered or not rendered shall on conviction be liable to be sentenced to a maximum period of Six (6) months imprisonment and or pay a fine of Five Hundred Thousand Naira (N500,000:00).

(b) Any healthcare practitioner who connives with an individual or organization to give cash either for services rendered or not rendered shall on conviction be liable to

be sentenced to a maximum period of Twelve months imprisonment and pay a fine of Five Hundred Thousand Naira (₦500,000:00), or both.

(c) Any Mutual Health Organization that connives with an individual or organization to give cash either for services rendered or not rendered shall on conviction be liable to pay a fine of Two Million Naira (₦2,000,000:00).

(d) Any organization who connives with a Healthcare Practitioner or Mutual Health Associations to receive cash either for services rendered or not rendered shall on conviction be liable to be sentenced to a fine of One Million Naira (₦1,000,000:00).

9.3 Any member or agent of the Agency who fails, without reasonable cause, to comply with a requirement of an auditor under the Agency Law, commits an offence and is liable on conviction to a fine not exceeding One hundred Thousand Naira (₦100,000:00) or imprisonment for a term not exceeding three months or to both such fine and imprisonment.

9.4 Any person or organization who:-

- a) Fails to pay into the account of an organization or association and within the specified period any contribution liable to be paid under the Agency Law.
- b) Deducts the contribution from the employee's wages and withholds the contribution or refuses or neglects to remit the contribution to the organization or association concerned within the specified time, commits an offence, and is liable on conviction to:
 - i. in the case of a first offender, to a fine of not less than Two Million Naira (₦2,000,000:00) or imprisonment for a term not exceeding two years or both to both such fine and imprisonment; and
 - ii. In the case of subsequent offender, to a fine of not less than Five million Naira (₦5,000,000:00) or imprisonment for a term not exceeding five years or to both such fine and imprisonment.

9.5 Any Healthcare practitioner engaged in the scheme that fails to comply with the provisions of above commits an offence and is liable on conviction to his disengagement from the scheme without any claim.

9.6 Any person who contravenes the provisions of the Agency Law commits an offence and is liable on conviction to a fine of not less than One Hundred and Fifty Thousand Naira (₦150,000:00) or imprisonment for a term Not exceeding Two years or to both such fine and imprisonment.

9.7 Any TPA that fails to pay a facility in line with the provider payment mechanism within specified period, is liable on conviction- to

- (a) To pay the sum therein.
- (b) To pay a fine of not less than twice the amount withheld; and
- (c) Delist TPA that repeated the same offence.

9.8 Offences by Bodies or Corporate

9.8.1 Where an offence under the Agency Law has been committed by a body corporate or firm or other Association of individuals, a person who at the time of the offence-

- a) was an officer of that body, corporate, firm or other association, or
- b) was purporting to act in the capacity of an officer or the body corporate, firm or other association, is deemed to have committed the offence and liable to be prosecuted and punished for the offence in like manner as if he had himself committed the offence, unless he proves that the commission or omission constituting the offence took place without his knowledge, consent or connivance.

9.8.2 In this section, “**Officer**” includes:-

- a) In the case of Ministries, Departments and Agencies (MDAs) the accounting officer.
- b) In the case of a body corporate, a Director, Chief Executive by whatever name called, Manager and Secretary of the body corporate.
- c) In the case of a firm, a partner, manager and secretary of the firm; and
- d) In the case of any other association or individuals, a person involved in the management of the affairs of the association.

SERVICES COVERED (BENEFIT PACKAGE)

BASIC MINIMUM PACKAGE OF HEALTH SERVICES (BMPHS)

S/N	PRIMARY LEVEL CARE
1	General consultation with prescribed drug from accredited Primary Health Care facility.
2	Health prevention and promotion Education <ol style="list-style-type: none"> i. Family planning excluding provision of commodities(Safe period, Pills, Condoms, etc) ii. Dental care iii. HIV/AIDS iv. Immunization v. Vitamin A supplementation vi. Promotion of essential nutrients for children and pregnant women vii. Promotion of personal, domestic and environmental hygiene, etc.
3	Primary Surgery <ol style="list-style-type: none"> i. Minor Surgical Procedures: incision & drainage, suturing of lacerations, minor burns, simple abrasions, ii. Minor wound debridement iii. Circumcision of male infants iv. Evacuation of impacted faeces v. Corrections of cases of simple polydactyl vi. Relief of urinary retention

4	<p>Primary eye care including treatment of :</p> <ol style="list-style-type: none"> i. Conjunctivitis ii. Parasitic and allergic ailments iii. Simple contusion, abrasions, etc
5	<p>Primary Paediatrics</p> <ol style="list-style-type: none"> i. Child Welfare Services-Growth monitoring, Routine immunization as defined by the NPHCDA, Vitamin A supplementation, Nutritional advice and health education, etc ii. Management of uncomplicated malnutrition iii. Treatment for Helminthiasis iv. Treatment of common childhood illnesses such as malaria, diarrhoeal disease, schistosomiasis, upper respiratory tract infections and uncomplicated pneumonia , v. Urinary Tract Infections, vi. Simple otitis media, pharyngitis, vii. Childhood exanthemas, simple skin diseases/infestations and other viral illnesses such as mumps viii. Other febrile illnesses as may be listed from time to time. ix. Treatment of anaemia not requiring blood transfusion.
6	<p>Primary Internal Medicine(Adult)</p> <p>A. Management of simple infections/infestations</p> <ol style="list-style-type: none"> i. Malaria ii. Respiratory tract infections iii. Urinary Tract Infections iv. Gastroenteritis v. Primary Ear ,Nose and Throat infections vi. Diarrheal diseases vii. Enteritis/ typhoid fever viii. schistosomiasis ix. Helminthiasis x. Skin infections/infestations such as Chicken pox and fungal diseases e.g Tinea vesicolor, Malassezia furfur, Tinea Capitis, etc xi. Emergency Management of Bites and Stings e.g Snakes, Scorpions, Bees, Spiders etc xii. Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses <p>B. Management of simple anaemia (not requiring blood transfusion)</p> <p>C. Screening & referral for Diabetes Mellitus, Hypertension and other chronic diseases</p> <p>D. Treatment of simple arthritis and other minor musculoskeletal diseases</p> <p>E. Routine management of sickle cell disease</p> <p>F. Allergies.</p>
8	HIV/AIDS/Sexual Transmitted Diseases

	i. Voluntary Counseling and Testing (VCT)
9	Primary Emergency Psychiatry Management
	<ul style="list-style-type: none"> i. Anxiety neurosis ii. Psychosomatic illnesses iii. Insomnia iv. Other illnesses as may be listed from time to time by the
10	Primary Dental Care Education (Preventive, and Promotive Oral care)
11	<p>Maternal, Neonatal and Child Health (MNCH) Services</p> <ul style="list-style-type: none"> a. Antenatal care <ul style="list-style-type: none"> i. Routine Antenatal Clinic. ii. Routine drugs to cover duration of pregnancy iii. Routine urine and blood tests iv. Referral services for complicated cases b. Postnatal services c. All eligible livebirths shall up to 6 weeks from date of birth.(Cord care, Eye care, Management of simple neonatal infections) d. Delivery services <ul style="list-style-type: none"> i. Spontaneous Vaginal Delivery by skilled attendant including repair of birth injuries and episiotomy ii. Essential drugs for Emergency Obstetric care (EmOC)
13	Emergency
	<p>The PHC is to offer First Aid treatment before referral.</p> <ul style="list-style-type: none"> i. Establishing an intravenous line ii. Management of convulsion, coma, etc iii. Control of bleeding iv. Cardio-pulmonary resuscitation v. Assisted respiration (e.g. Ambu bag, etc.) vi. Immobilization of fractures (using splints, neck collars, etc) vii. Aspiration of mucus plug to clear airways
14	<p>Basic laboratory investigations</p> <ul style="list-style-type: none"> i. Malaria Parasite ii. Widal iii. Urinalysis iv. Hemoglobin v. Stool microscopy vi. Urine microscopy vii. Pregnancy Test viii. Blood Sugar Test

S/N	SECONDARY LEVEL CARE
1	Consultation with prescribed drug from accredited Secondary Health Care facility.

2	Emergency cases outside place of residence in accredited HCF
3	Admission for maximum of 15 days cumulative per year for medical admission, 20 Days cumulative per year for surgical admissions.
4	Treatment and Procedures that cannot be handled at primary level of care such as
	<p>A. HIV/AIDS</p> <p>i. Treatment of complications requiring admission</p>
	<p>A. Pediatrics</p> <ul style="list-style-type: none"> • Treatment of Severe infections/infestations-Respiratory infections, Urinary Tract Infections, diarrheal disease with moderate to severe dehydration, enteric fever, severe malaria, septicemia, meningitis, severe measles, • Management of childhood non-communicable diseases such as Nephritis • Management of severe anaemia requiring blood transfusion • Management of neonatal infections-Neonatal sepsis, • Neonatal conditions such as birth Asphyxia, Neonatal jaundice, Management of child from Diabetic mothers
	<p>C Internal medicine(Adult)</p> <p>a. Treatment of moderate to severe infections and infestations</p> <ul style="list-style-type: none"> • Management of severe malaria • Management of meningitis, septicaemia • Management of complicated Respiratory Tract Infections • Management of complicated typhoid fever <p>b. Management of non-communicable diseases</p> <ul style="list-style-type: none"> • Management of complicated Diabetes and Hypertension • Management of Sickle cell disease • Treatment of severe musculoskeletal conditions • Treatment of cardiovascular conditions, renal diseases (such Nephritis, Nephrotic syndrome), Liver diseases (Hepatitis, Amoebic liver abscess). • Management of severe anaemia <p>D Treatment of snake bites</p>
5.	<p>A. Basic and Comprehensive Emergency Obstetric Care</p> <ul style="list-style-type: none"> • Management of Preterm/Pre-labour Rupture of Membrane (P/PROM) • Detection and management of hypertensive diseases in pregnancy • Management of bleeding in pregnancy • Management of Postpartum Hemorrhage

	<ul style="list-style-type: none"> • Eclampsia • Caesarian section • Operative Management for ectopic gestation • Management of intra-uterine fetal death • Management of puerperal sepsis • Instrumental deliveries • High risk deliveries – 1st deliveries, Beyond 4th deliveries, multiple deliveries, mal-positioning/mal-presentation and other complications, <p>B Gynaecological Intervention</p> <ul style="list-style-type: none"> • Bartholin cystectomy(Marsupialization) • Hysterectomy • Myomectomies • Colporrhaphies • Vaginoplasty • Ovarian cystectomy
6.	<p>Surgeries</p> <ul style="list-style-type: none"> • Laparotomy for any cause • Intestinal Resection & Anastomosis • Appendectomy • Hernia repair • Hydrocelectomy • Management of Testicular Torsion • Thyroidectomy • Management of Fractures excluding internal fixation
7	<p>Dental care</p> <ol style="list-style-type: none"> i. Amalgam filling ii. Simple and surgical tooth extraction
8	<p>Ophthalmology</p> <ul style="list-style-type: none"> • Eye problems, e.g. major trauma, pterygium, glaucoma, cataract extraction and other simple ophthalmological surgical procedures • Removal of foreign bodies • Refraction, including provision of spectacles not exceeding N5000
9	<p>Ear, Nose & Throat</p> <ol style="list-style-type: none"> i. Antral wash-out ii. Foreign body removal iii. Surgical operations iv. Tonsillectomy, v. Polypectomy, vi. Tracheotomy

	<ul style="list-style-type: none"> vii. Adenoidectomy, viii. Myringotomy.
10	<p>Physiotherapy</p> <ul style="list-style-type: none"> • Post-traumatic rehabilitation • Management of palsies within 15 days after initial treatment with a maximum of 5 sessions. • Post-Cerebrovascular Accident therapy within 15 days with a maximum of 5 sessions.
11.	Laboratory investigations at secondary level of care
	<p>A.</p> <ul style="list-style-type: none"> • Genotype • Lumber puncture • Urea/electrolyte/creatinine • Bilirubin (total and conjugated) • Ketone bodies • Microscopy/Culture/Sensitivity-Urine, Blood, stool, Sputum, Wound, Urethral, Ear, Eye, Throat, Aspirate, Cerebrovascular Spinal Fluid, Endoscopy Cervical Swab, High Vaginal Swab. • Occult blood in stool • Skin snip for microfilaria • Acid Fast Bacillus for Tuberculous Bacillus (sputum, Blood) • Gram stain • Mantoux test • Blood groupings/Cross matching • Hepatitis B surface Antibody screening • Confirmatory test for HIV • Full Blood Count • Platelets/Reticulocyte count • Platelets concentration • Blood transfusion services for up tom 3 Pints of Blood.
	<p>B</p> <ul style="list-style-type: none"> • Radiology–X-ray of chest, Abdomen, Skull &Extremities, Dental X-rays, • Abdominopelvic & obstetric scan
13	Other Services as may be listed from time to time

ANNEXES

Annex 1: Essential Medicines List (KECHES Tariffs)

S/ NO	NAME OF DRUG	DOSAGE FORM	STRENGTHS	PRESENT ATION	SALE PRICE @ HF (₦)
1. ANAESTHETICS					
GENERAL ANAESTHETIC					
1	Halothane	Inhalation, Liquid	10 mg/ml in 20 ml,	250ml bottle	23,000
2	Ketamine	Injection(H CL)	50mg/ml in 10ml, 100mg/ml in 5ml	vial	1,000
3	Nitrous oxide	Inhalation, medicinal gas			

4	Oxygen	Inhalation, medicinal gas			
5	Thiopental	Injection (powder) for IV as sodium salt	100 mg/ml in 5 ml	Vial	1,587
6	Thiopental		200mg	vial	2,505
PREMEDICATION DRUGS AND ANALGESICS ADJUVANTS					
1	Atropine	Injection (sulphate)	0.5mg/amp	Amp.	58.00
2	Atropine	Injection (sulphate)	1mg/ 1ml	Amp.	70.00
3	Diazepam	Injection	5mg/ml in 2 ml	Amp.	496.65
4	Hyoscine N - Butyl bromide	Injection	20mg/ml	amp	112.00
5	Morphine	Injection (Sulphate or Hcl)	10 mg/ml, 15mg/ml in 1ml ampoules	Amp	
6	Morphine	Injection (Sulphate or Hcl)	25mg, (Hydrochloride)	Amp	
7	Promethazine	Tablets	5mg/5ml	Tab.	5.00
8	Promethazine	Syrup	25mg/ml (HCl) in 1 ml	60mls	200.00
9	Promethazine	Injection	2ml Ampoule	Amp	50.00
SKELETAL MUSCLE RELAXANTS AND ANTAGONISTS					
1	Atracurium	Injection	50 mg/ml	Amp.	1,240
2	Edrophonium	Injection (chloride)	10mg/ml	Amp	
3	Neostigmine	Injection (methylsulphate)	2.5mg/ml in 1ml ampoule	Amp	350
4	Pancuronium	Injection (Bromide)	4mg/2ml	Amp	502
5	Pancuronium	Injection (Bromide)		Amp.	
6	Suxamethonium	Injection(Chloride)	100mg/2ml	Amp.	467.76

LOCAL ANAESTHETICS					
1	Lidocaine	Injection (HCL)	1%, /2% + Adrenaline 1:200000	Vial50mls	334.11
2	Bupivacaine	Injection (HCL)	Plain or with epinephrine	Amp	668.22
3	Lidocaine		10%		
4	Lidocaine	Topical spray	2-4%	Spray	7,516
5	Lidocaine	Jelly	2-5%	Tube	835.28
6	Lidocaine	Cream, Ointment	2% + epinephrine (adrenaline) 1:80,000	Tube	751.74
7	Lidocaine	Dental cartridge	0.25%, 0.5%, in 10ml amp (with or without epinephrine (adrenaline) 1:200,000)	Tube	12,529
8	Prilocaine	Injection	3% with felypressin 0.03units/ml	Amp	840
ANALGESICS, ANTIPYRETICS AND NON- STEROIDAL ANTI-INFLAMMATORY DRUGS					
ANALGESICS NARCOTIC					
1	Morphine	Injection	10mg (SO ₄ or HCl) in 1ml Ampoule	Amp.	
2	Morphine	Injection	15mg (SO ₄ or HCl) in 1ml Ampoule	Amp.	
3	Morphine	Tablet	30mg	Tab.	
4	Pentazocine	Injection (lactate)	30mg/ml	Amp.	200.00
5	Pentazocine	Tablet	25mg	Tab.	
6	Pentazocine	Capsule	50 mg	Caps.	
7	Pethidine	Injection	50mg/ml in 2 ml Ampoule	Amp.	
8	Pethidine	Injection	50 mg	Amp.	

9	Pethidine	Tablet	50mg Or 100mg	Tab.	
10	Tramadol	Tablet	50mg	Tab.	50.00
11	Tramadol	Injection	50mg/ml ampoule	Amp.	200.00
NARCOTIC ANTAGONIST					
1	Naloxone	Injection	0.4mg/ml in	Amp	3,341.1
2	methadone	Tablet	5mg	Tab	
NON NARCOTIC ANALGESICS AND ANTIPYRETICS					
1	Acetyl salicylic Acid	Tablet , capsule	300mg	Tab/Caps.	5.00
2	Paracetamol	Tablets	500mg	Tab	2.80
3	Paracetamol	Suppository	100 mg	Supp.	
4	Paracetamol	Syrup/susp ension	125mg/5ml	60mls	200.00
5	Paracetamol	Drop	125mg/5ml	15mls	200.00
6	Paracetamol	Injection	150mg/ml	Amp.	50.00
7	Paracetamol	Infusion	50mls	Inf.	500.00
NON-STEROIDAL ANTI-INFLAMMATORY DRUGS AND DRUGS USED FOR GOUT/RHEUMATOID ARTHRITIS.					
1	Allopurinol	Tablet	100mg	Tab.	25.06
2	Celecoxib	Capsules	200mg	Caps.	208.64
3	Chondroitin sulphate+ Glucosamine	Capsules	200mg+250mg	Caps.	85.53
4	Diclofenac (sodium or potassium salt)	Tablet	100mg,	Tab.	14.32
5	Diclofenac (sodium or potassium salt)	Tablet	50mg	Tab.	5.02
6	Diclofenac (sodium or potassium salt)	Injection	25mg/ml Ampoule	Amp.	53.45
7	Diclofenac sodium	Gel	1%	Tube	930.74
8	Diclofenac sodium + misoprostol	Tab	Single	Tab	84.00

9	Diclofenac sodium + misoprostol	Tab	Forte	“	
10	Diclofenac sodium + misoprostol	Tablet	50mg/200mcg	Tab	
11	Diclofenac sodium + misoprostol	Tablet	75mg/200mcg	“	
12	Diclofenac sodium+B1+B6+B12	Tablet		Tab	17.02
13	Diclofenac sodium+Cholestyramine	Tablet	75mg/65mg	Tab	
14	Ibuprofen	Tablets, capsules	200mg,	Tab.	10.00
15	Ibuprofen	Tablets, capsules	400mg	Tab	20.00
16	Ibuprofen	Suspension	100mg/5ml	100mls	300.00
17	Ketoprofen	Capsules	150mg or 200mg	Caps./tabs	66.22
18	Ketoprofen	Injection	100mg	2ml Amp	78.86
19	Naproxen	Tablet	250mg	Tab.	
20	Naproxen	Tablet	500mg	Tab.	83.53
21	Piroxicam	Capsules	20mg	Caps.	30.90
22	Piroxicam	Injection	10mg/ml	2ml Amp	50.00
SKELETAL MUSCLE ANTISPASMODICS					
1	Ophenadrine	Ophenadrine	100mg	Tab.	16.702
2	Orphenadrine + Paracetamol	Orphenadrine + Paracetamol	35mg+ 450mg	Tab.	20.05
3	Tizanidine	Tizanidine	6mg	Tab.	
ANTI-ALLERGICS					
ANTIHISTAMINES					
1	Cetirizine	Tablet	10mg	Tab.	20.00
2	Cetirizine	Syrup	1mg/5ml	100ml	1,002
3	Chlorpheniramine	Tablet	4mg (Maleate)	Tab.	2.00

4	Chlorpheniramine	Syrup	2mg/5ml	60mls	200.00
5	Chlorpheniramine	Injection	10mg (Maleate) in 1ml Ampoule	Amp.	20.00
6	Clemastine	Tablet	1mg	Tab.	
7	Clemastine	Syrup	500mcg/5ml	100ml	
8	Loratidine	Tablet	10mg	Tab.	20.00
9	Loratidine	Syrup	5mg/5ml	60ml	859.20
10	Promethazine	Tablets	25mg, (Hydrochloride)	Tab.	
11	Promethazine	Syrup	5mg/5ml	60mls	
12	Promethazine	Injection	25mg/ml (HCl) in 1 ml and 2ml Ampoule	Amp.	
ANTIANAPHYLACTICS					
1	Dexamethasone	Injection (sodium phosphate)	4mg/1ml	Amp	50.00
2	Epinephrine (Adrenaline)	Injection	1mg/ml (1 in 1000) as Acid tartrate or	Amp.	50.00
3	Epinephrine (Adrenaline)	Injection	HCl in 1ml Ampoule	Amp.	50.00
4	Hydrocortisone	Injection	Powder for reconstitution, 100mg	Vial	200.00
5	Hydrocortisone	Injection	(Sodium Succinate) in vial	Vial	200.00
ANTIDOTES					
SPECIFIC ANTIDOTES					
1	Atropine	Injection	1.0mg (Sulphate) in 1ml Ampoule	Amp.	58.00
2	Atropine	Tablet	1 mg	Tab.	50.00
3	Deferoxamine	Injection (mesilate)	500 mg/vial	Vial	3,150
4	Dimercaprol	Injection	50 mg/ml in 2 ml Ampoules	Amp.	
5	Methylene blue	Injection	5ml	Amp.	560.00

6	Methylene blue	Injection	50 ml	Amp.	3500.00
7	Naloxone	Injection (HCL)	400mcg/ml	Amp.	
8	Phytomenadione (Vitamin K1)	Ampoule	10mg/ml in 1ml	Amp.	200.00
9	Potassium ferric hexacyanoferrate (11) (Prussian blue)	Powder for oral administrati on		Powder	
10	Protamine sulphate	Injection	10mg/ml in 5 ml	Amp.	1050.00
11	Sodium calcium edetate	Injection	200mg/ml in 5 ml	Amp.	700.00
12	Sodium nitrite	Injection	30mg/ml in 10 ml vial	Vial	550.00
13	Sodium thiosulphate	Injection	500mg/ml	Amp	
NON-SPECIFIC ANTIDOTES					
1	Activated charcoal	Tablet	Tablet	Tab.	25.06
2	Activated charcoal	Granule, Powder for	5g/satchet, powder 25 g, 50 g pack, for		1336.44
ANTI-CONVULSANTS (ANTI-EPILEPTICS)					
1	Carbamazepine	Tablet	200mg	Tab.	30.00
2	Carbamazepine	Tablet	400mg SR	Tab.	100.00
3	Carbamazepine	Syrup	100mg/5ml	100ml	2004.00
4	Diazepam	Injection	5mg/ml in 2ml Ampoule	Amp.	496.65
5	Ethosuximide	Caps/tablets	250 mg	Caps.	100.00
6	Ethosuximide	Syrup	250mg/5ml	100mls	
7	Magnesium sulphate	Injection	50% (500 mg/ml) in 2 ml	Amp.	400.00
8	Paraldehyde	Injection	10ml, 5 mls	Amp.	500.00
9	Phenobarbital	Tablets	15mg,	Tab.	
10	Phenobarbital	Tablets	30mg, 60mg	Tab	10.00
11	Phenobarbital	Elixir, Syrup	15mg/5ml	60mls	700.00
12	Phenobarbital	Injection	200mg/ml	Amp.	400.00

13	Phenytoin Sodium	Capsule	100mg, 50 mg, 25, mg	Caps	100.00
14	Sodium valproate	Tablets	200mg	Tab.	70.00
15	Sodium valproate	Tablets	500mg SR	Tab	100.00
16	Sodium valproate	Elixir/syrup	200mg/5ml	200mls	2500.00
ANTI-INFECTIVE DRUGS					
AMOEBCIDES/ANTIFLAGELLATE					
1	Metronidazole	Tablets	200mg	Tab.	5.00
2	Metronidazole	Tablet	400mg	Tab.	7.00
3	Metronidazole	Suspension	200mg/5ml	60mls	200.00
4	Metronidazole	IV Injection	500mg in 100ml bottle	100mls	150.00
5	Metronidazole	Suppository	500mg	supp/ovule	140.00
6	Secnidazole	4 Tablets (single dose)	500mg	4 tabs	417.63
7	Tinidazole	4 Tablets (Single dose)	500mg	4 tabs	114.55
8	Chloroquine(rest ricted)	Tablet,Caps	300mg	Tab, cap	10.00
ANTHELMINTICS					
1	Albendazole	Tablet	200mg	2 tabs	150.00
2	Albendazole	Suspension Oral	100mg/5ml	30mls	200.00
3	Levamisole	Tablet	40mg	Tab.	20.00
4	Levamisole	Suspension	40mg/5ml	30mls	200.00
5	Mebendazole	Tablet	100mg,	6`s	100.00
6	Mebendazole	Tablet	500 mg	x 1	
7	Mebendazole	Suspension	100mg/5ml	30mls	
8	Pyrantel Pamoate	Tablet	125mg (pamoate)	6`s	400.00
9	Pyrantel Pamoate	Syrup	125mg/5ml	15mls	500.00
ANTISCHISTOSOMAL DRUGS					

1	Praziquantel	Tablet	600mg	Tab.	150.00
ANTIFILARIAL DRUGS					
1	Ivermectin	Tablet	6mg	Tab.	100.00
ANTI-MALARIAL DRUGS					
1	a-B–Artemether Injection	Ampoules	150mg/2ml	Amp x 3s	2,291.4
2	Artemeter	Injection (Phosphate)	80mg/ml	Amp.	83.33
3	Artemeter	Injection (Phosphate)	40mg/ml in 1ml Ampoule	Amp.	50.00
4	Artemeter + Lumefantrine	Tablet	20mg/120mg	Tab x 12s	450.00
5	Artemeter + Lumefantrine	Tablet	80mg/480mg	Tab x 6s	600.00
6	Artemeter + Lumefantrine	Pediatric Dispersible Tablet	10mg/60mg	Tab x 24s	400.00
7	Artemeter + Lumefantrine	Suspension	180mg/1080mg	60mls	500.00
8	Artemeter + Lumefantrine	Suppository	20mg/120mg	x 6s	200.00
9	Artesunate	Tablet	50mg/tab	Tablet	
10	Artesunate	Syrup	80mg/5ml	100ml	
11	Artesunate + Sulfadoxine+ Pyrimethamine	Tablet (Adult)	200mg/500mg/25mg	Tab.x3s	
12	Artesunate + Sulfadoxine+ Pyrimethamine	(Pead)	100mg/250mg/12.5mg	Tab.x3s	400.00
13	Artesunate + Amodiaquine	Tablet	50mg/200mg	Tab x 12s	600.00
14	Artesunate + Amodiaquine	“ DS	200mg/600mg	6’s	700.00
15	Artesunate + Amodiaquine	Pediatric Powder	25mg/75mg	Sachet x 6s	500.00
16	Artesunate + Mefloquine	Tablet (Adult)	200mg/250mg	Tab x 6s	1800.00
17	Artesunate + Mefloquine	(Pead)	100mg/125mg	Tab x 6s	1000.00
18	Artesunate	Inj	60mg	Inj.	700.00

19	Chloroquine (restricted)	Tablet, Capsule	300 mg,	Tab/ Caps.	
20	Chloroquine (restricted)	Injection	200mg/5ml,	Ampoules	
21	Chloroquine (restricted)	Syrup	75mg/5ml,	60 ml	
22	Dihydroartemisinin	Tablet	60mg/Tablet	8s	
23	Dihydroartemisinin	Suspension	160mg/80mls	80mls	
24	Dihydroartemisinin + Piperaquine phosphate	Tab	40mg/320mg	Tabx9s	
25	Dihydroartemisinin + Piperaquine phosphate	“	30mg/225mg	Tabx9s	
26	Dihydroartemisinin + Piperaquine phosphate	“ DS	62.5mg/375mg	Tabx9s	800.00
27	Dihydroartemisinin + Piperaquine phosphate	Suspension	80/640mg	80mls Bottle	600.00
28	Proguanil	Tablet	100mg (HCl)	Tab.	50.00
29	Pyrimethamine + Sulphadoxine	Tablet	25mg Pyrimethamine +500mg Sulphadoxine	3's	200.00
30	Pyrimethamine	Tablet	25mg Pyrimethamine	Tab	50.00
31	Quinine	Tablet	300mg	Tab	30.00
32	Quinine	Injection	300mg (dihydrochloride)/ml in 2ml amp	Amp.	200.00
33	Quinine	Syrup		100ml	600.00
ANTITRYPANOSOMAL, ANTILEISHMANIASIS DRUGS					
1	Meglumine antimonate	Injection,	30% equiv to 8.5% of total antimony in 5ml amp	Amp	

2	Meglumine antimonate	Injection,	300mg (isethionate)/ vial	Amp	
3	Melarsoprol	Injection	3.6% solution in propylene glycol	Vial	
4	Pentamidine	Injection, powder	10% of total antimony	Vial	
5	Sodium stibogluconate	Injection	1gm/vial	Amp,	
6	Suramin	Injection, powder		Vial	
ANTIBACTERIAL DRUGS					
1	Amoxicillin	Capsule	250mg	Caps.	12.00
2	Amoxicillin	Capsule	500 mg	Caps.	17.00
3	Amoxicillin	Powder for oral suspension	125mg/5ml	100mls	300.00
4	Amoxicillin	Injection	500mg in vials	Vial	250.00
5	Amoxicillin plus Clavulanic Acid (Co-amoxiclav)	Tablet, Capsules	250 mg amoxicillin (Trihydrate) +125 mg clavulanic Acid (Potassium Salt)	Tab.	90.00
6	Amoxicillin plus Clavulanic Acid (Co-amoxiclav)	Tablet, Capsules	500mg amoxicillin (Trihydrate) + 125mg clvulanic acid(potassium salt)	Tab.	108.00
7	Amoxicillin plus Clavulanic Acid (Co-amoxiclav)	Tablet, Capsules	875mg amoxicillin (Trihydrate) + 125mg clvulanic acid(potassium salt)	Tab.	142.85
8	Amoxicillin plus Clavulanic Acid (Co-amoxiclav)	Powder for oral suspension	200 mg Amoxicillin (trihydrate) + 28 mg Clavulanic acid	100mls	1200.00

			(Potassium salt)/5 ml		
9	Amoxicillin plus Clavulanic Acid (Co-amoxiclav)	Powder for oral suspension	400 mg Amoxicillin (trihydrate) + 57 mg Clavulanic acid (Potassium salt)/5 ml	100mls	1500.00
10	Amoxicillin plus Clavulanic Acid (Co-amoxiclav)	Injection	500 mg Amoxicillin (Sodium salt) + 100 mg Clavulanic acid (Potassium salt) in vial	Vial	700.00
11	Amoxicillin plus Clavulanic Acid (Co-amoxiclav)	Injection	1g Amoxicillin (Sodium salt) + 200 mg Clavulanic acid (Potassium salt) in vial	Vial	1100.00
12	Ampicillin + Cloxacillin	Capsule	250mg of each constituent	Caps.	20.00
13	Ampicillin + Cloxacillin	Powder for oral suspension	125mg of each/5ml	100mls	300.00
14	Ampicillin + Cloxacillin	Neonatal Drops	Ampicillin 60mg + Cloxacillin 30mg/0.6mls	8mls	300.00
15	Ampicillin + Cloxacillin	Neonatal injection	Ampicillin 50mg + cloxacillin 25 mg	Amp.	
16	Ampicillin + Cloxacillin	Injection	Ampicillin 250mg+Cloxacillin 250mg per vial (sodium salt of each)	Amp.	150.00
17	Azithromycin	Capsules	250mg	Caps.	200.00
18	Azithromycin	Capsules	500mg	Caps.	300.00
19	Azithromycin	Suspension	200mg/ 5ml	30mls	800.00

20	Benzathine-Benzylepenicillin	Injections	2.4 M.U. of benzylpenicillin	Vial	
21	Benzylepenicillin	Injection, powder	1.0 MU Vial	Vial	50.00
22	Benzylepenicillin	Injection, powder	5 MU Vial	Vial	
23	Cefixime	Tablet	400mg	Tab	160.00
24	Cefixime	Tablet	200mg	Tab	120.00
25	Cefixime	Suspension	100mg/5ml	100ml	1200.00
26	Cefotaxime	Injection	500mg	Vial	950.00
27	Ceftazidime	Injection	1gm	Vial	2004.0
28	Ceftriaxone	Injection	250mg,	Vial	
29	Ceftriaxone	Injection	500mg I.M.	Vial	1400.00
30	Ceftriaxone	Injection	1g IV	Vial	700.00
31	Ceftriaxone + Sulbactam	Injection	1.5g IM/IV	Vial	1500
32	Cefuroxime	Tablets (axetil)	250mg,	Tab.	100.00
33	Cefuroxime	Tablets (axetil)	500 mg	Tab.	150.00
34	Cefuroxime	Suspension (axetil)	125mg/5ml	100mls	1400.00
35	Cefuroxime	Injection (sodium salt)	750mg	Vial	1000.00
36	Cefuroxime	Injection (sodium salt)	250 mg	Vial	
37	Cefuroxime + Clavulanic acid	Tab	500mg/125mg	Tabs	186.00
38	Cefuroxime + Clavulanic acid	Susp.	125mg/125mg	Susp.	1450.00
39	Cephalexin	Capsules/Tablet	500mg	Caps/Tab	83.53
40	Cephalexin	Suspension	125mg/5ml	100mls	360.7
41	Cephalexin	Suspension	250mg/5ml	100mls	572.66
42	Chloramphenicol (restricted)	Capsule	250mg	Caps.	10.00
43	Chloramphenicol (restricted)	Suspension, Oral	125mg/5ml (Palmitate)	100mls	429.60

44	Chloramphenicol (restricted)	Injection	1g (sodium succinate) in vial	Vial	158.70
45	Ciprofloxacin	Tablet	250mg (HCl)	Tab.	35.80
46	Ciprofloxacin	Tablet	500 mg (Hcl)	Tab.	70.30
47	Ciprofloxacin	Injection	I.V. 2mg/ml (lactate) in 50 and 100ml vials	Vial	200.00
48	Clarithromycin	Tablet	250mg	Tab.	107.30
49	Clarithromycin	Tablet	500mg	Tab.	128.68
50	Clarithromycin	Suspension	125mg	100ml	1056.00
51	Clindamycin	Capsule	HCL 150mg	Cap	114.55
52	Clindamycin	Capsule	HCL 300mg	Cap	132.00
53	Clindamycin	Injection	Phosphate 150mg/ml	Amp	300.00
54	Cloxacillin	Injection, powder	250mg,	Vial	
55	Cloxacillin	Injection, powder	500 mg in vial	Vial	
56	Cloxacillin	Capsule	250mg	Caps.	
57	Cloxacillin	Suspension, oral,	125mg/5mls	100mls	
58	Co-trimoxazole	Tablet	400mg Sulphamethoxazole +80mg Trimethoprim	Tab.	2.15
59	Co-trimoxazole	Tablet	800mg Sulphamethoxazole +160mg Trimethoprim	Tab.(DS)	2.58
60	Co-trimoxazole	Suspension	Sulphamethoxazole 200 mg +40mg Trimethoprim /5ml.	60mls	200.00
61	Doxycycline	Capsule	100mg	Caps.	10.00
62	Erythromycin	Tablets, capsules, enteric, film coated	250mg stearate or ethylsuccinate)	Tab.	25.78
63	Erythromycin	Tablets, capsules,	500mg (stearate or ethylsuccinate)	Tab.	38.65

		enteric, film coated			
64	Erythromycin	Suspension oral	125mg/5ml (stearate or Ethylsuccinate)	60mls	430.00
65	Gentamycin	Injection	80mg/mls, 40 mg/2mls (Sulphate)	Amp.	100.35
66	Gentamycin	Injection	20mg/2ml	Amp.	
67	Levofloxacin	Tablet	250mg	Tab.	42.96
68	Levofloxacin	Tablet	500mg	Tab.	71.59
69	Levofloxacin	Injection	500mg/100mls Infusion	100mls	501.17
70	Lincomycin	Capsules	500 mg	Caps.	47.72
71	Lincomycin	Suspension	250mg/5ml	100mls	1380.00
72	Lincomycin	injection (Phosphate)	150 mg/ml in 2 ml	Amp.	114.55
73	Metronidazole	Tablets	200mg	Tab.	
74	Metronidazole	Tablet	400mg	Tab.	
75	Metronidazole	Suspension	200mg/5ml	60mls	
76	Metronidazole	IV Injection	500mg in 100ml bottle	100mls	
77	Nitrofurantoin	Tablet	50mg	Tab.	
78	Nitrofurantoin		100mg	Tab.	5.02
79	Ofloxacin	Tablet	200mg	Tab.	42.96
80	Ofloxacin	Injection	200mg/100ml Infusion	100mls	
81	Pefloxacin	Tablet	400mg	Tab.	
82	Phenoxymethyl-Penicillin	Tablet	250mg	Tab.	15.52
83	Phenoxymethyl-Penicillin	Suspension	250mg/5ml	100mls	
84	Rifampicin	Capsules	150mg, 300mg	Caps.	18.00
85	Secnidazole	4 Tablets (single dose)	See section 6.1		
86	Sparfloxacin	Tablet	200mg	Tab.	84.00
87	Tetracycline	Capsule	250mg (Hydrochloride)	Caps.	5.02
88	Tinidazole	4 Tablets (Single dose)	See section 6.1		

ANTILEPROSY DRUGS					
1	Clofazimine	Capsules	50 mg, 100 mg	Caps.	
2	Dapsone	Tablets	50mg, 100 mg	Tab.	
3	Rifampicin	Capsules	300 mg	Caps.	
4	Rifampicin	Capsules	150 mg		
SYSTEMIC ANTIFUNGAL DRUGS					
1	Amphotericin B	Injection, powder	50 mg/vial	Vial	
2	Fluconazole	Capsule	50 mg	Caps.	114.55
3	Fluconazole	Capsule	150 mg	Caps.	57.28
4	Fluconazole	Suspension	50mg/5ml	35mls	1074.00
5	Fluconazole	Injection	I.V. 2 mg/ml in 0.9 % sodium chloride	Vial	600.00
6	Griseofulvin	Tablet	500mg	Tab.	20.40
7	Griseofulvin	Suspension	125mg/ 5ml	100mls	400.93
8	Itraconazole	Capsules	100mg	Cap.	1860.00
9	Itraconazole	Suspension	10mg/ml	Suspension	501.24
10	Ketoconazole	Tablet	200mg	Tab.	21.48
11	Miconazole	Tablet	250 mg	Tab.	
12	Nystatin	Tablet	500,000 units,	Tab.	5.99
13	Nystatin	Suspension	100,000 units/ml	30mls	644.35
14	Nystatin	lozenges	100,000 units/ml	Tab.	
15	Nystatin	Pessary	100,000 units	Tab.	24.00
16	Terbinafine	Tablet	250mg	Tab.	
ANTIVIRAL DRUGS					
1	Aciclovir	Tablets	200mg	Tab.	42.96
2	Aciclovir	Tablets	400 mg	Tab.	71.59
3	Aciclovir	Suspension	200 mg/5 ml	125mls	744.00
4	Aciclovir	Cream	5%	Tube	930.00
5	Aciclovir	Injection	IV Sodium salt 250mg/vial	Vial	240.00
6	Lamivudine	Tablet	150 mg	Tab	60.0
7	Lamivudine *	Solution	50mg/5ml	240 mls	
ANTI RETROVIRAL (ARV) DRUGS (EXCLUSION LIST)					
1. Protease inhibitors					

1	Indinavir (IDV) *	Capsule (Sulphate)	200 mg, 333mg, 400 mg		
2	Nelfinavir (NFV) *	Tablet	250 mg		
3	Ritonavir (RTV) *	Oral liquid	400mg/5ml	bottle	
4	Saquinavir (SQV) *	Capsule	100mg	Capsule	
5	Saquinavir (SQV) *	Capsule	200mg		
6	Lopinavir + ritonavir LPV/r) *	Capsule	133.3mg+33.3mg	Capsule	
7	Lopinavir + ritonavir LPV/r) *	Tablet	100mg/25mg	Tab	
8	Lopinavir + ritonavir LPV/r) *	Tablet	200mg/50mg	“	
9	Lopinavir + ritonavir LPV/r) *	Oral liquid	400mg/100mg/5ml	Bottle	
2. Nucleoside Reverse Transcriptase Inhibitors					
1	Lamivudine (3TC) *	Tablet	150 mg		
2	Lamivudine (3TC) *	Solution	5mg/ml		
3	Zidovudine (ZDV) *	Capsules	100 mg,		
4	Zidovudine (ZDV) *	Capsules	250 mg		
5	Zidovudine (ZDV) *	Syrup	50 mg/5ml		
6	Abacavir (ABC) *	Tablet (sulfate)	300mg		
7	Abacavir (ABC) *	Liquid “	100mg/5ml		
8	Stavudine (d4T) *	Tablet	40mg	Tab	
9	Zalcitabine (ddC) *	Tablet	750ug	Tab	

10	Didanosine (ddI) *	Capsule	125mg	Cap	
11	Didanosine (ddI) *	Capsule	200mg, 250mg	“	
12	Didanosine (ddI) *	Capsule	400mg	“	
13	Didanosine (ddI) *	Tablet	25mg, 50mg	Tab	
14	Didanosine (ddI) *	Tablet	100mg, 150mg	“	
15	Didanosine (ddI) *	Tablet	200mg	“	
16	Didanosine (ddI) *	Powder for oral dosage	100mg,167mg	Packets	
17	Didanosine (ddI) *	Powder for oral dosage	200mg	Packets	
3. Non-nucleoside Reverse Transcriptase Inhibitors					
1	Nevirapine (NVP) *	Tablet	200 mg		
2	Nevirapine (NVP) *	Syrup	50 mg/5ml		
3	Efavirenz (EFV or EFZ) *	Tablet	600mg	Tab	
4	Efavirenz (EFV or EFZ) *	Capsules	50mg	Caps	
5	Efavirenz (EFV or EFZ) *	Capsules	100mg, 200mg	“	
6	Efavirenz (EFV or EFZ) *	Oral liquid	150mg/5ml	Bottle	
7	4. Fixed dose combinations				
8	Lamivudine + nevirapine + stavudine *	Tablet	150mg+200mg+30mg	Tab x60s	
9	Lamivudine + nevirapine + stavudine *	Tablet	150mg+200mg+30mg	Tab x60s	
10	Lamivudine + nevirapine + stavudine *	Tablet(Dispersible)	30mg+50mg+6mg	Tab x60s	

11	Lamivudine + nevirapine + stavudine *	Tablet(Dispersible)	60mg+100mg+12mg		
12	Lamivudine + nevirapine + Zidovudine *	Tablet	30mg+50mg+60mg/	Tab x 60s	
13	Lamivudine + nevirapine + Zidovudine *	Tablet	150mg+200mg+300mg		
14	Lamivudine + Zidovudine *	Tablet	30mg + 60mg	Tab x 60s	
15	Lamivudine + Zidovudine *	Tablet	150mg + 300mg		
ANTI-MIGRAINE DRUGS					
1	Ergotamine	Tablet	Tartrate, 2g	Tab	57.28
2	Ergotamine Tartrate + Caffeine	Tablet	1mg / 100mg	Tablet	71.60
3	Pizotifen	Tablets	0.5mg, 1.5 mg	Tablet	42.00
4	Pizotifen	Elixir	0.25 mg/ml	100mls	2400.00
5	Propranolol	Tablet	40mg/	Tab	5.020
IMMUNO SUPPRESSIVE DRUGS					
1	Azathioprine (Restricted)	Tablet	50 mg	Tablet	
2	Azathioprine (Restricted)	Injection, powder	50 mg/vial	Vial	
3	Dexamethasone	Tablet	0.5 mg, 4 mg	Tab.	4.30
4	Dexamethasone	Injection	Sodium PO4, 4 mg/ml	Amp.	50.00
5	Methotrexate (restricted)	Tablet	2.5 mg	Tab	
6	Methotrexate (restricted)	Injection	50 mg/vial sodium salt	Vial	
7	Prednisolone	Tablet	5 mg	Tab	4.44
DRUGS FOR PARKINSONISM AND OTHER NEUROLOGICAL DISORDERS					
ANTIPARKINSONISM DRUGS					
1	Benzhexol	Tablets	2mg	Tab.	
2	Benzhexol	Tablets	5 mg (as HCl)	Tab.	10.00

3	Biperiden	Tablet	2mg (as HCL)	Tab.	
4	Biperiden	Injection	5mg/ml (as lactate) in 1ml ampoule	Amp.	
5	Levodopa + Carbidopa	Tablet	Levodopa250mg + Carbidopa 25mg,	Tab.	100.00
6	Levodopa + Carbidopa	Tablet	Levodopa100mg + Carbidopa 10 mg	Tab.	90.00
DRUGS FOR MYASTHENIA GRAVIS					
	Neostigmine	Injection	(Bromide) 15mg/ml	Inj	429.34
	Neostigmine	Tablet	15mg (Bromide)	Tab.	168.00
	Pyridostigmine	Tablet	60 mg (Bromide)	Tab.	180.00
DRUGS FOR SUBARACHOID HAEMORRHAGE					
	Amino caporic acid (AA) plus lipid thromboplastin (LT)	Injection	100 mg AA + 2 mg/ml LT in 5 ml		
ANTISEPTICS AND DISINFECTANTS					
1	Chlorhexidine	Solution	5% (Gluconate) for dilution	500mls	774.00
2	Chlorhexidine + Cetrимide	Solution	Cetrимide 15% + 1.5% chlorhexidine gluconate for dilution	500mls	907.2
3	Chloroxylenol	Solution	5% for dilution	250mls	5001.17
4	Chloroxylenol	Solution	5% for dilution	125mls	357.97
5	Coal tar	Solution	5%	Solution	
6	Compound Tincture of Benzoin (TBC)	Liquid	2%	1000mls	1789.00
7	Dichloroxylenol + Chlorophenol	Soap solution		125mls	

8	Iodine	Solution	Different Preparations 1%	30mls	123.24
9	Methylated spirit	Solution	Alcohol vol/vol	200mls	257.75
10	Potassium Permanganate	Solution	0.10%	15mls	120.00
11	Povidone – iodine	Solution	10%	Solution	51.54
12	Sodium hypochlorite	Solution	1-10% (chlorine in different preparations)	500mls	300.00
13	Gv Paint	solution		-30ml	150.00
DRUGS AFFECTING THE BLOOD					
ANTI-ANEAMIC DRUGS					
1	Cyanocobalamin / Hydroxocobalamin	Tablet	0.05mg	Tab.	10.00
2	Cyanocobalamin / Hydroxocobalamin	Injection	0.25 and 1mg/ml (injection, Hydroxocobalamin preferred)	Amp.	150.00
3	Ferric Ammonium Citrate	Mixture	400mg/5ml of Ferric Ammonium citrate	200mls	
4	Ferrous Sulphate	Tablets, Capsule	200 mg equivalent to 60mg of Iron	Tab	2.00
5	Folic Acid	Tablet	5mg	Tab.	2.00
6	Iron dextran	Injection	Equiv to 50mg/iron/ml in 2ml amp	Amp.	257,75
7	Erythropoeitin	Injection		4000 I.U (prefilled syringe)	3579,76
ANTICOAGULANTS					
1	Enoxaparin	Injection	100 mg/ml in 0.4ml (40mg)	prefilled Syringe	1431.00

2	Enoxaparin	Injection	100 mg/ml in 0.2ml (20mg)	prefilled Syringe	1073.93
3	Heparin Sodium	Injection	5000 units/ml in Ampoule	Amp.	830.54
4	Heparin Sodium	Injection	25,000 units/ml in Ampoule	Amp.	2148.52
5	Warfarin Sodium	Tablets (as sodium)	3mg,	Tab.	36.00
6	Warfarin Sodium	Tablets (as sodium)	5mg	Tab.	36.00
ANTI PLATELETS					
1	Acetylsalicylic acid	Tablet	75 mg	Tab	5.00
2	Clopidogrel	Tablet	75mg	Tab.	100.00
3	Dipyridamole	Tablet	100mg	Tab.	
ANTI FIBRINOLYTIC AND HAEMOSTATIC DRUGS					
1	Aminocaproic acid	Tablet	500 mg	Tab.	
2	Aminocaproic acid (With/without – lipid thromboplastin)	Injection	AA 100 mg/ml + TPT 2mg/ml in 5 ml, 10 ml	Amp.	
PLASMA SUBSTITUTES					
1	Dextran 70	Injection I.V.	6% in 5% glucose or normal saline solution (in bottles of 500ml)	500ml	1200.00
2	Human Albumin (Plasma Protein fraction)	Injection	20% in 100ml vials	Vial	11718.00
3	Polygeline	Injection IV	3.5% solution in 500 mls	500ml	4900.00
CARDIOVASCULAR DRUGS					
ANTI ANGINAL DRUGS					
1	Atenolol	Tablet	25mg	Tab	
2	Atenolol	Tablet	50mg	Tab	6.15
3	Atenolol	Tablet	100mg	Tab	12.72

4	Atenolol	Injection	0.5mg/ml	Amp.	
5	Glyceryl Trinitrate	Tablet	Sublingual, 0.5mg	Tab.	28.65
6	Isosorbide dinitrate	Tablet	Oral Sublingual 5 mg	Tab.	72.00
7	Isosorbide dinitrate	Tablet	10mg	Tab	84.00
8	Propranolol	Tablet	40 mg	Tab.	5.02
9	Propranolol	Injection	1mg/ml in Ampoule	Amp.	
ANTI-ARRHYTHMIC DRUGS					
1	Amiodarone	Tab	200mg	Tab.	
2	Lidocaine	injection	20mg/ml (HCL) in 5ml Ampoule	50ml Vial	
3	Procainamide	Tab	250mg (HCL)	Tab.	36.00
4	Disopyramide	Tab	100 mg, 150 mg	Tab.	
5	Procainamide	Injection	100mg in 10mls ampoule	Amp.	
6	Propranolol	Tab	40mg (Hydrochloride)	Tab.	
7	Propranolol	INJECTION	1mg/ml in Ampoule	Amp.	
DIURETICS					
1	Amiloride Hydrochlorothiazide	Tablet	5mg+ 50mg	Tab	10.00
2	Bendrofluazide	Tablet	5mg	Tab.	10.00
3	Furosemide	Tablet	40mg	Tab.	10.00
4	Furosemide	Injection	10mg/ml in 2ml ampoule	Amp.	50.00
5	Hydrochlorothiazide	Tablet	25mg	Tab.	10.00
6	Hydrochlorothiazide	Tablet	50mg	Tab.	15.00
7	Spironolactone	Tablet	25mg	Tab.	20.00
8	Spironolactone	Tablet	50mg	Tab.	40.00
9	Spironolactone	Tablet	100mg	Tab	
ANTIHYPERTENSIVES DRUGS					
1	Amiloride + hydrochlorothiazide	Tablet	0.5mg/25mg	Tab.	10.00

2	Amlodipine	Tablet (Besylate)	5mg	Tab.	20.00
3	Amlodipine	Tablet (Besylate)	10mg	Tab.	23.33
4	Amlodipine + Valsartan + Hydrochlorothiazide	Tablet	5 mg + 160mg + 12.5mg	Tab	324.00
5	Amlodipine + Valsartan	Tablet	5 mg + 160mg	Tab	324.00
6	Atenolol	Tablet	25mg	Tab.	
7	Atenolol	Tablet	50 mg	Tab.	
8	Atenolol	Tablet	100mg	Tab.	
9	Candesartan cilexetil	Tab	8mg		240.00
10	Candesartan cilexetil	Tab	16mg		300.00
11	Candesartan cilexetil/hydrochlorothiazide	Tab	16/12.5mg		312.00
12	Captopril	Tablet	12.5 mg,	Tab.	16.72
13	Captopril	Tablet	25 mg	Tab.	21.60
14	Captopril	Tablet	50mg	Tab	31.02
15	Enalapril	Tablet	5mg	Tab.	28.64
16	Enalapril	Tablet	10mg	Tab.	31.50
17	Felodipine	Tablet	5mg	Tab.	
18	Felodipine	Tablet	10mg	Tab.	
19	Hydralazine	Tablet	25mg,	Tab.	17.18
20	Hydralazine	Tablet	50mg	Tab	
21	Hydralazine	Injection powder	20mg in 1ml Ampoule	Amp.	200.00
22	Isradipine	Tablet	2.5mg	Tab.	
23	Isradipine	Tablet	5mg	Tab.	
24	Labetalol	Tablet (HCL)	100mg, 200mg	Tab.	40.00
25	Labetalol	Injection powder Tablet (HCL)	5mg/ml in 20ml Ampoule	Amp.	1680.00
26	Lacidipine	Tablet	2mg	Tab.	
27	Lisinopril	Tablet	2.5mg	Tab.	15.00
28	Lisinopril	Tablet	5mg	Tab.	20.00
29	Lisinopril	Tablet	10mg	Tab.	23.33

30	Lisinopril + hydrochlorothiazide	Tablet	20mg/12.5mg	Tab.	180.00
31	Methyldopa	Tablet	250mg,	Tab.	20.00
32	Methyldopa	Tablet	500mg	Tab.	
33	Nifedipine	Tablet,	20mg	Tab.	20.00
34	Nifedipine	slow release	30mg	Tab.	62.04
35	Prazosin	Tablet	1mg	Tab.	
36	Prazosin	Tablet	2mg	Tab.	
37	Prazosin + Polythiazide	Tablet	0.5mg + 0.25mg (respectively)	Tab.	50.00
38	Propranolol (Hydrochloride)	Tablet	40mg	Tab	
39	Reserpine + Dihydroergocristine + Clopamide	Tablet	Reserpine 0.1mg + Dihydroergocristine 0.5mg + Clopamide 5.0mg	Tab.	50.00
40	Reserpine + Dihydroergocristine + Hydrochlorothiazide	Tablet	Reserpine 0.1mg+ Dihydroergocristine 0.6mg+	Tab.	
41	Reserpine + Dihydroergocristine + Hydrochlorothiazide	Tablet	Hydrochlorothiazide 10mg	Tab.	
42	Telmisartan	Tablet	Telmisartan 40mg	Tab	
43	Telmisartan	Tablet	Telmisartan 80mg	Tab	
44	Telmisartan + Hydrochlorthiazide	Tablet	Telmisartan 40mg/HCTZ 12.5mg	Tab	
45	Telmisartan + Hydrochlorthiazide	Tablet	Telmisartan 80mg/HCTZ 12.5mg	Tab	
46	Valsartan	Tab	80mg	Tab	
47	Valsartan	Tab	160mg	Tab	

48	Valsartan /Hydrochlorothiazide	Tab	80/12.5mg	Tab	
49	Valsartan /Hydrochlorothiazide	Tab	160/12.5mg	Tab	
50	Valsartan /Hydrochlorothiazide	Tab	160/25mg	Tab	
51	Prazosin + Polythiazide	Tablet	0.5mg + 0.25mg (respectively)	Tab.	
52	Propranolol (Hydrochloride)	Tablet	40mg	Tab	
53	Reserpine + Dihydroergocristine + Clopamide	Tablet	Reserpine 0.1mg + Dihydroergocristine 0.5mg + Clopamide 5.0mg	Tab.	
54	Reserpine + Dihydroergocristine +Hydrochlorothiazide	Tablet	Reserpine 0.1mg+ Dihydroergocristine 0.6mg+	Tab.	
55	Reserpine + Dihydroergocristine +Hydrochlorothiazide	Tablet	Hydrochlorothiazide 10mg	Tab.	
56	Telmisartan	Tablet	Telmisartan 40mg	Tab	
57	Telmisartan	Tablet	Telmisartan 80mg	Tab	
58	Telmisartan + Hydrochlorothiazide	Tablet	Telmisartan 40mg/HCTZ 12.5mg	Tab	
59	Telmisartan + Hydrochlorothiazide	Tablet	Telmisartan 80mg/HCTZ 12.5mg	Tab	
60	Valsartan	Tab	80mg	Tab	
61	Valsartan	Tab	160mg	Tab	

62	Valsartan /Hydrochlorothiazide	Tab	80/12.5mg	Tab	
63	Valsartan /Hydrochlorothiazide	Tab	160/12.5mg	Tab	
64	Valsartan /Hydrochlorothiazide	Tab	160/25mg	Tab	
CARDIAC GLYCOSIDE AND CARDIOTONICS					
1	Captopril	Tablet	12.5 mg, 25 mg	Tab.	
2	Digoxin	Tablets	0.0625mg, 0.125mg, 0.25mg	Tab.	10.00
3	Digoxin	Injection	0.25mg/ml in 2ml Ampoule, and 0.1mg/ml in 1ml Ampoule	Amp.	200.00
4	Digoxin	Syrup	50mg/ml	100mls	500.00
5	Dopamine	Injection	40mg/ml in 5mls	Vial	500.00
LIPID – REGULATING DRUGS					
1	Atorvastatin	Tab/Caps	10mg	Tab/ Cap.	50.00
2	Atorvastatin	Tab/Caps	20mg	Tab/ Cap.	60.00
3	Clofibrate	Tab/Caps	20mg	Tab/ Cap.	
4	Fluvastatin	Tab/Caps	40mg	Tab/ Cap.	
5	Fluvastatin	Tab/Caps	20mg	Tab/ Cap.	
6	Rosuvastatin	Tab/Caps	40mg	Tab/ Cap.	286.38
7	Rosuvastatin	Tab/Caps	5mg	Tab/ Cap.	214.79
8	Rosuvastatin	Tab/Caps	10mg	Tab/ Cap.	257.75
9	Rosuvastatin	Tab/Caps	20mg	Tab/ Cap.	229.11
10	Simvastatin	Tab/Caps	20mg	Tab/ Cap.	20.00
11	Simvastatin	Tab/Caps	500mg	Tab/ Cap.	
DENTAL DRUGS					
LOCAL ANAESTHETICS					
1	Benzocaine	Lozenges	10mg	Tab.	50.00
2	Lidocaine	Injections	2% + epinephrine 1 in	Catridge	

			80,000 in dental cartridge		
3	Lidocaine	Spray		Tin	
4	Prilocaine	Injection	3% with Felypressin 0.03 units/mls	Amp.	
MOUTHWASHES					
1	Chlorhexidine	Solution	0.10%	100mls	501.17
2	Glycerin thymol	Solution		200mls	
3	Hexedine	Solution	0.10%	100mls	501.17
4	Nystatin	Solution	100,000 unit/ml	30mls	572.76
5	Zinc Chloride Plus Zinc sulphate	Solution	1% Zinc + 2% Zn ₂ SO ₄	Solution	286.38
ANTI INFLAMMATORY DENTAL DRUGS					
1	Triamcinolone	Paste (acetonide)	0.10%	Tube	787.48
DERMATOLOGICAL DRUGS					
ANTI-INFECTIVE DRUGS					
1	Aciclovir	Cream	5%	Tube	
2	Framycetin	gauze dressing	1%	Gauze	78.76
3	Gentamicin	Ointment	0.30%	Tube	94.80
4	Gentian Violet	Aqueous Solution	0.50%	60mls	
5	Gentian Violet	Tincture		60mls	200.00
6	Mupiricon	Ointment	2% w/w	Tube	
7	Neomycin-Bacitracin	Ointment and Cream	Containing: Neomycin Sulphate 5mg plus Bacitracin zinc 500 units/g in 5g & 30g tubes	Tube	171.83
8	Neomycin-Bacitracin	Powder	Containing: Neomycin Sulphate 5mg plus Bacitracin zinc 250 units/g	Tin	333.00

9	Neomycin-Bacitracin	Spray	Containing: Bacitracin, 12,500 units & Neomycin Sulphate, 165,000 units	Bottle	1145.52
10	Silver Sulphadiazine	Cream	1%	Tube	858.00
ANTI-INFLAMATORY & ANTI-PRURITIC DRUGS					
1	Betamethasone	Cream	0.1% (Valerate)	Tube	307.86
2	Betamethasone + Clioquinol	Cream	0.1% + 0.3%	Tube	357.975
3	Betamethasone +Neomycin	Cream	0.1% + 0.5%	Tube	357.97
4	Calamine Lotion	Lotion		120mls	214.79
5	Clobetasol propionate	Cream	0.05%	Tube	1181.93
6	Clobetasone	Cream	0.05%	Tube	572.76
7	Fluocinolone	Cream	0.03%	Tube	1073.93
8	Fluocinolone	Cream	0.025% +3% clioquinol	Tube	1073.93
9	Hydrocortisone	Cream	1%	Tube	378.29
10	Hydrocortisone (Plus) Neomycin	Cream	0.5 – 1% hydrocortisone + 0.25 – 0.5% Neomycin	Tube	357.97
11	Methyl Salicylate	Oitment	4 – 20% methyl salicylate)	Tube	516
ASTRINGENT DRUGS					
1	Aluminum diacetate	Solution	13% for dilution		
2	Calamine + Zinc oxide	Lotion, plaster			214.79
ANTI-ACNE DRUGS					
1	Benzoyl Peroxide	Cream	10%, 5%, 2.5%	Tube	1073.93
2	Benzoyl Peroxide	Gel	10%, 5%, 2.5%	Tube	1073.93
SCABICIDES AND PEDICULICIDES					

1	Benzyl Benzoate	Emulsion and lotion	25%	100mls	214.79
2	Crotamiton	Cream	10%	Tube	787.55
3	Crotamiton	Lotion	10%	50mls	687.31
4	Medicated Soap	Soap	5%	Soap	300
5	Permethrin	Cream, Lotion	5%, 1% respectively	lotion	114.55
FUNGICIDES WITH ANTIBACTERIAL/ANTI-INFLAMMATORY AGENTS					
1	Clotrimazole	Cream	1%	Tube	333.00
2	Clotrimazole	Aerosol, spray	1%	Tin	300.70
3	Clotrimazole	Dusting Powder	1%	Tin	229.10
4	Clotrimazole	Pessary		6's	501.16
5	Clotrimazole	Vaginal Cream		Tube	501.16
6	Ketoconazole	Cream	2%	Tube	357.97
7	Miconazole	Oral Gel	2 – 2.5%	Tube	1145.52
8	Miconazole	Cream	2%	Tube	400.93
9	Miconazole	Lotion	2%	Tin	572.76
10	Miconazole	Ovule		Ovules	1265.40
11	Miconazole	Pessary		Pessaries	1265.40
12	Miconazole + Hydrocortisone	Cream	2% + 1%	Tube	1431.90
13	Nystatin	Cream/Oint	100,000 units	Tube	572.76
14	Sulphur + Mesulphen	Ointment	Sulphur 10-20% + Mesulphen 64%	Tube	286.38
15	Tioconazole	Cream	1%	Tube	1144.80
16	Tioconazole	ovule	3s	Tube	
KERATOLYTIC/ PSORIASIS DRUGS					
1	Benzoic acid + salicylic acid	Cream ointment	6% + 3%	Tube	257.75
2	Coal Tar	Solution/Cream	1-10%		1431.90
3	Dithranol	Ointment	0.1 - 2%	Tube	1145.53
4	Podophyllum resin	Topical solution	10- 25%		1718.28
5	Salicylic acid	Topical solution,	12% in flexible collodion	Tube	171.83

6	Salicylic acid	Ointment	2-5%		214.79
7	Urea	Cream/ointment	10%	Tube	300.00
EAR, NOSE & THROAT DRUGS					
EAR DRUGS					
Anti-infective Drugs					
1	Chloramphenicol	Ear Drops	5%	10mls	200.00
2	Gentamicin	Eye/Ear Drops	0.3% (Sulphate)	10mls	200.00
Anti-inflammatory Drugs					
1	Dexamethasone				916.80
Combined Anti-infective & Anti-inflammatory Drugs					
1	Hydrocortisone + Neomycin	Ear Drops	Hydrocortisone 1.5% (Acetate) + Neomycin 0.5% (Sulphate)	5mls	429.58
2	Betamethasone + Neomycin	Ear drops	0.1% + 0.5%	10mls	425.30
3	Dexamethasone + Neomycin	Ear drops	0.1% + 3200 unit/ml	10mls	400.93
4	Flumethasone plus clioquinol	Ear drops	0.02% + 1% clioquinol	7.5mls	787.55
5	Hydrocortisone + Neomycin + polymyxin B	Ear Drops	Hydrocortisone 1.0% (Acetate) + Neomycin 3400 units (Sulphate) + polymyxin B 10,000 units/10mls	10mls	501.17
Preparations for Removal of Ear wax					
1	Glycerol plus sodium bicarbonate	Ear drops		10mls	744.59
2	Chlorbutanol +Paradichlorobenzene+ Arachis oil +	Ear drops		10mls	930.73

	Turpentine oil				
NOSE DRUGS					
Anti allergic & Nasal Decongestants (Topical & Systemic)					
1	Antazoline + Naphazoline	Nasal drops	0.5% + 0.025%	10mls	
2	Beclomethasone Dipropionate	Nasal Spray	(aerosol) 0.05mg / metered spray	Spray	1718.28
3	Ephedrine	Nasal drops (Hcl)	0.50%		429.58
4	Pseudoephedrine (HCL)	Tablet	60mg	Tab	4.30
5	Pseudoephedrine (HCL)	Syrup	30mg/5ml	60mls	315.02
6	Triprolidine (HCL) + Pseudoephedrine (HCL)	Tablet	60mg + 2.5mg	Tab.	
7	Triprolidine (HCL) + Pseudoephedrine (HCL)	Syrup	30mg + 1.2mg	60mks	364.97
8	Xylometazoline	Nasal drops	0.25%	10mls	1200.00
9	Xylometazoline	Nasal drops	0.50%	10mls	1200.00
10	Xylometazoline + Antazoline	Nasal drops	0.25% + 0.5% (paed)	10mls	1200.00
11	Xylomethazoline + Antazoline	Nasal drops	Adult	'	1300.00
CAUTERIZATION OF NOSE					
1	Silver nitrate	Sticks, crystals, solution	0.50%	Sticks	
THROAT DRUGS					
1	Dequalinium	Lozenges	250mg	lozenges	14.40
2	Dequalinium	Paint	250mg (HCL)	10ml	732.00
3	Dichlrobenzyl alcohol + Amylmetacresol	Lozenges		Lozenges	42.96
GASTRO-INTESTINAL DRUGS					

ANTACID DRUGS					
1	Aluminum hydroxide	Suspension	320mg/5ml	200mls	214.79
2	Aluminum hydroxide	Tablet	500mg	Tablet	5.00
3	Aluminum hydroxide +Magnesium Hydroxide +Simethicone	Tablet	200mg+200mg +30mg	Tablet	20.00
4	Aluminum hydroxide +Magnesium Hydroxide +Simethicone	Mixture (with or without diglycirrhzinnated Liquarice)-	6gm+80mg+100 mg+/- 400mg	200ml	634.13
5	Aluminum hydroxide +Magnesium trisilicate	Tablet	120 mg + 250 mg	Tab	5.00
6	Aluminum hydroxide +Magnesium trisilicate	Mixture	BP	200mls	123.86
7	Magnesium Trisilicate	Tablet	500mg	Tab.	5.00
8	Magnesium Trisilicate	Mixtures	250mg/ml	200mls	123.86
ANTI-EMETIC DRUGS					
1	Metoclopramide	Tablet	10mg (HCL)	Tab.	5.00
2	Metoclopramide	Syrup	5mg/5ml (HCL)	100mls	200.00
3	Metoclopramide	Injection	5mg/ml (HCL)	Amp.	50.00
4	Prochlorperazine	Tablet (Maleate)	5 mg	Tab.	5.00
5	Prochlorperazine	Tablet (Maleate)	25 mg	Tab.	10.00
6	Prochlorperazine	Syrup (Mesilate)	5 mg/ 5 ml	100mls	400.00
7	Prochlorperazine	Injection (Mesilate)	12.5 mg/ml in 1 ml & 2 ml Ampoules	Amp.	78.00

8	Promethazine	Tablet	10 and 25 mg (HCL)	Tab.	7.16
9	Promethazine	Syrup	5mg/5ml (HCL)	60mls	200.00
10	Promethazine	Injection	25mg/ml (HCL) in 2ml Ampoules	Amp.	50.00
11	Meclozine +vit B12	Tablet		Tab.	13.17
ANTI-SPASMODIC DRUGS & SMOOTH MUSCLE STIMULANT					
1	Homatropine methyl bromide	Drop	2mg/ml	15ml	250.79
2	Hyoscine N- butylbro-Mide	Tablet	10mg	Tab.	15.10
3	Hyoscine N- butylbro-Mide	Syrup	1mg/ml	100mls	532.00
4	Hyoscine N- butylbro-Mide	Injection	20mg/ml in 1ml Ampoule	Amp.	100.20
PURGATIVES / LAXATIVES AND LUBRICANTS					
1	Bisacodyl	Tablet	5mg	Tab.	5.04
2	Bisacodyl	Suppositori es	5 & 10mg	Supp.	153.18
3	Liquid Paraffin	Emulsion, oral	5mg/10ml of emulsion	100mls	372.96
4	Senna	Tablet & granule		Tablet	35.80
ANTI-DIARRHOEAL DRUGS					
Antimotility Drugs					
1	Diphenoxylate hydrochloride + Atropine sulphate	Tablet	2.5mg + 0.025mg	Tablet	10.03
2	Loperamide	Tablet	2mg	Tablet	12.16
REPLACEMENT FLUID (ORAL REHYDRATION THERAPY)					
1	Oral Rehydration Salt + Zinc 20mg	Salts	Glucose 13.5 g, Potassium Cl. 1.5g, Sodium bicarbonate	Sachet +20mg	250.00

			2.5%, Sodium Chloride 2.6g		
PREPARATIONS FOR HEAMORRHOID					
1	Aluminum Acetate +Hydrocortisone + Lidocaine +Zinc oxide	Suppository	50mg +5mg + 60mg	supp	128.87
2	Benzyl benzoate + bismuth Oxide + Bismuth subgallate+ Hydrocortisone	Suppository	33mg + 24mg + 59mg	supp	171.83
3	Benzyl benzoate + bismuth Oxide + Bismuth subgallate+ Hydrocortisone + Peru balsam	Suppository	33mg + 24mg + 59mg	supp	128.87
4	Cinchocaine hydrochloride +Prednisolone hexanoate	Suppository	1mg + 1.3mg	supp	128.87
PEPTIC ULCER DRUGS					
1	Cimetidine	Tablets	200mg	Tab.	8.09
2	Cimetidine	Tablets	400mg	Tab.	10,02
3	Cimetidine	Injection	100mg/ml in 2 ml Ampoules	Amp.	71.58
4	Esomeprazole	Tablet	20mg	Tab	132.96
5	Lansoprazole	capsule	30mg	capsule	65.80
6	Omeprazole	Tablet	10mg, 20 mg	20mgTab.	30.00
7	Omeprazole	Inj	20mg	vial	930.00
8	Rabeprazole	Tablet	20mg	Tab	97.37
9	Rabeprazole	Inj			939.00
10	Ranitidine	Tablets	150mg	Tab.	15.00
11	Ranitidine	Tablets	300 mg (HCL)	Tab.	20.00
12	Ranitidine	Injection	25mg/ml in 2 ml Ampoules	Amp.	271.00
13	Omeprazole + Domperidone	Tablets		Tab	57.28

HORMONES, & SYNTHETIC SUBSTITUTES					
CORTICOSTEROIDS & SYNTHETIC SUBSTITUTES					
1	Dexamethasone	Tablets	0.5mg and 4mg	Tab.	
2	Dexamethasone	Injection	2mg/ml, 4mg/ml in 2ml Ampoule	Amp.	
3	Fludrocortisone	Tablet	0.1mg	Tab.	10.00
4	Hydrocortisone	Injection, powder	100mg/vial	Vial	
5	Methyl prednisolone	Injection	40mg/ml I 2ml ampule	Amp	
6	Prednisolone	Tablets	1mg, 5mg	Tab	
7	Triamcinolone	Injection	10mg/40mg/ml	Amp.	
OESTROGEN					
1	Ethinylloestradiol	Tablet	0.01mg, 0.05mg	Tab	100.00
PROGESTOGENS					
1	Hydroxyprogesterone	Injection	Hexanoate 250mg/ml in 1ml, 2ml Ampoules	Amp.	300.00
2	Norethisterone	Injection	200mg/ml	Amp.	150.00
DRUGS ACTING ON PITUITARY- OVARIAN AXIS					
1	Bromocriptine	Tablet	1mg, 2.5mg (Mesylate)	Tab.	200.00
2	Clomiphene	Tablets	50mg (Citrate)	10s	800.00
3	Chorionic gonadotropin	Injection powder	500 units in Ampoule	Amp	4800.00
4	Chorionic gonadotropin	Injection powder	1000 units in Ampoule	Amp	4800.00
5	Danazol	Capsule	100mg/200mg	Cap	350.00
6	Epimestrol	Tablet	5mg	Tab	
7	Follicle- stimulating hormone (FSH)) + luteinizing hormone (LH)	Injection powder	75 units +75 units	Amp	
ANTIDIURETIC HORMONES					
1	Desmopressin	Injection	4mcg/ml	Amp.	

2	Desmopressin	Inhalaton	10mcg metered spray	Spray	
3	Vasopressin	Injection	20units/ml in 1ml ampoule	Amp	
ANTI-DIABETIC DRUGS					
Injectable Anti-Diabetics					
1	Biphasic Isophane Insulin	injection	Human Soluble Insulin 30%+isophane Insulin 70%	Vial	5773.38
2	Insulin Soluble	Injection	40 units/ml	Vial	3722.94
3	Insulin Soluble	Injection	100 units/ml	Vial	5773.38
4	Insulin Zinc Suspension (I.Z.S)	Injection	40 units/ml	Vial	3722.94
5	Insulin Zinc Suspension (I.Z.S)	Injection	100 units/ml	Vial	5773.38
6	Isophane Insulin	Injection	100 units/ml	Vial	5773.38
7	Protamine Zinc Insulin	Injection	100 units/ml	Vial	5773.38
Oral Anti-Diabetics					
1	Chlorpropamide	Tablets	250mg	Tab.	14.32
2	Metformin	Tablets	500mg (HCL)	Tab.	20
3	Glibenclamide	Tablets	5mg	Tab	20
4	Gliclazide	Tablet	80mg	Tab.	35.80
5	Gliclazide	Tablet	30mg		28.64
6	Glimepiride	Tab	1mg		47.70
7	Glimepiride	Tab	2mg		62.08
8	Glimepiride	Tab	4mg		
9	Glucagon	Injection	1mg/ml	Amp.	
10	Metformin	Tablets	1000mg		37.94
11	Metformin	Tablets	850mg		
12	Metformin + Glabenclamide	Tablet	500mg (HCL) +2.5mg	Tab.	
13	Pioglitazone Hydrochloride	Tab	15mg		
14	Pioglitazone Hydrochloride	Tab	30mg		
15	Rosiglitazone	Tablet	4mg	Tab.	
16	Vildagliptin	Tablet	50mg	Tab	

17	Vildagliptin + Metformin	Tablet	50mg/500mg	Tab	
18	Vildagliptin + Metformin	Tablet	50mg/1000mg	Tab	
THYROID HORMONES AND ANTITHYROID DRUGS					
1	Carbimazole	Tablets	5mg	Tab.	20
2	Levothyroxine	Tablets	0.05 mg (sodium salt)	Tab.	40
3	Levothyroxine	Tablets	0.1mg (sodium salt)	Tab.	60
4	Lugol's solution	Solution, oral	iodine 5%, potassium iodide 10% in purified water	sol.	120
5	Propylthiouracil	Tablet	50 mg	Tab.	360
BENIGN PROSTATIC HYPERPLASIA DRUGS					
1	Dutasteride	Tablet		Tab	240
2	Finasteride	Tablet	5mg	Tab	120
3	Tamsulosin	Tablet	400mcg	Tab	120
IMMUNOLOGICALS					
SERA AND IMMUNOGLOBULINS					
1	Alpha interferon	Injection	4.5mu	Vial	7,200.00
2	Anti-Gas – gangrene	Injection	10,000, 30,000 units in vial	Vial	
3	Anti-Scorpion serum	Injection	1 ml in Ampoule	Amp.	
4	Anti-snake bite serum	Injection	Polyvalent, 10 ml, 20 ml in Ampoule	Amp.	6,000.00
5	Anti-tetanus immunoglobulin (human)	Injection	1500 units/amp,	Amp.	200.00
6	Anti-tetanus immunoglobulin (human)	Injection	10,000 units / ampoule	Amp.	1450.00
7	Anti-D (Rhesus) immunoglobulin (Humans)	Injection	300microgram (1,500 I.U)/ml	Prefilled Syringe	40,000.0090

8	Gas gangrene anti toxin	Injection	4,000 units in vial, 10,000 units in vial	Vial	
9	Hepatitis B Anti-serum	inj	200iu	Amp.	94,500
10	Hepatitis B Anti-serum	inj	400iu	Amp.	113,240 0
11	Normal immunoglobulin	IV Injection,	30mg/ml, 165mg/ml	Vial	
12	Rabies immunoglobulin	Injection	150 unit in ml in vial	Vial	3,000.0 0
VACCINES (All vaccines should comply with WHO requirements for biological substance)					
VACCINES FOR UNIVERSAL IMMUNIZATION					
1	BCG Vaccines dried **	Injection	Powder for reconstitution in multidose amp 1ml, 5 ml		
2	Diphtheria, Tetanus and Pertussis Vaccine **	Injection	0.5ml, 5ml		
3	Hepatitis B vaccines	Liquid for injection	10 doses/vial	Vial	
4	Measeles, Mumps & Rubella vaccine **	Injection	0.5 ml		
5	Measles vaccine **	Injection	0.5ml		
6	Pentavalent Vaccine **	Injection			
7	Poliomyelitis vaccine **	Oral suspension			
8	Tetanus vaccine	Injection	Formoltoxid, 0.5 ml, 5 ml vial	0.5ml, amp.	
VACCINES FOR SPECIFIC IMMUNIZATION					
1	Cholera vaccine	Injection	1.5ml – 50 ml in Ampoule or vial		

2	Hepatitis B Vaccine	Injection	0.02 mg/ml in 0.5 ml, 1 ml vial		3,600
3	HPV Vaccine (Quadrivalent)	Injection	0.5mls single dose vial or prefilled inj		14,400
4	Meningococcal vaccine	Injection	Powder for reconstitution in multidose vial of 0.5mg , 2.5 mg		7,740
5	Pneumococcal Vaccine	Injection	55mcg/0.5ml		18,540
6	Rabies vaccine	Injection	1 ml		3,660
7	Typhoid vaccine (TAB)	Injection	1.5ml/vial		540.00
8	Typhoid vaccine (VI antigen)	Injection	10 ml vial (20 doses), 25ml/vial (50 doses), 0.5 ml/syringe		480.00
9	Yellow fever vaccine **	Injection	Powder for reconstitution 1,5 and 10 dose vial		
OPHTHALMOLOGICAL DRUGS					
ANTI-INFECTIVE					
1	Acyclovir	Eye ointment	3.00%	5gms	572.76
2	Chloramphenicol	Eye Ointment	1%	5gm	171.84
3	Chloramphenicol	Eye Drops	0.50%	10mls	140.33
4	Ciprofloxacin	Drops	0.30%	10mls	257.75
5	Fluconazole	Eye Drops	0.30%		644.42
6	Gentamicin	Eye Drops	0.3% (Sulphate)	10mls	200.00
7	Idoxuridine	Eye ointment	0.10%		
8	Miconazole	Eye Drops			572.76
9	Natamycin	Eye Drops	50mg/ml	5mls	
10	Ofloxacin	Drops	0.30%	10mls	450.00

11	Oxytetracycline plus Polymyxin B	Eye ointment	5mg + 10,000 unit	5gms	400.00
12	Neomycin sulfate+Polymyxin B + Dexamethasone	Eye Drops	3500 IU/6000iu/0.1%	5mls	899.68
ANTI ALLERGIC					
1	Antazoline HCL, Tetryzoline HCL, Methyl hydroxy Propyl cellulose.	Eye Drops		5mls	787.55
2	Tetrahydrozoline (HCl)	Eye Drops	0.05%	10mls	900.00
ANTI INFLAMMATORY					
1	Amethocaine		Eye Drop	0.5%, 1%	572.76
2	Betamethasone	Eye Drops	0,10%	10mls	357.97
3	Betamethasone + Neomycin	Eye Drops	0,10% +0.5%	10mls	454.21
4	Dexamethasone	Eye Drops	0.10%	10mls	916.80
5	Dexamethasone + Chloramphenicol + Tetrahydrozolina	Eye Drops		10mls	787.55
6	Hydrocortisone + Neomycin	Eye Drops	1.5% + 0.5%	10mls	357.97
7	Ketotifen	Eye Drops	250mcg/ml	5mls	2434.24
8	Lodoxamide	Eye Drops	0.10%	10mls	
9	Prednisolone	Eye Drops	1% (Acetate) 5% (Sodium phosphate)	5mls	572.76
ANTI-GLAUCOMA AND MIOTICS					
1	Acetazolamide	Tablet	250mg	Tab.	15.00
2	Acetazolamide	Injection	500 mg/vial	Vial	
3	Betaxolol Hydrochloride	Eye Drops	0.50%	5mls	1002.34

4	Betaxolol Hydrochloride + Neomycin	Eye Drops		5mls	1002.34
5	Brinzolamide	Eye Drops	10mg/ml	5mls	4582.08
6	Dorzolamide	Eye Drops	2%	5mls	4582.08
7	Dorzolamide Hcl + Timolol	Eye Drops	2% + 0.5%	5mls	6873.12
8	Latanoprost	Eye Drops	500mcg	5mls	5727.60
9	Pilocarpine	Eye Drops	2% & 4% (HCL)	5mls	501.17
10	Timolol	Eye Drops	0.25, 0.5% (Maleate)	10mls	732.60
11	Travoprost	Eye Drps	40mcg/ml	2.5mls	
MYDRIATICS					
1	Atropine	Eye Drops	0.5%, 1% (Sulphate)	5mls	865.80
2	Homatropine	Eye Drops	2%, 1% (Hydrobromide)	5mls	315.02
3	Phenylephrine	Eye Drops	2.5%, 10% (HCL)	10mls	572.76
4	Tropicamide	Eye Drops	0.5%, 1%	10mls	758.90
DIAGNOSTIC EYE DRUGS & MISCELLANEOUS PREPARATIONS					
1	Cyclopentolate	Eye Drops	0.5%, 0.1% (Hydrochloride)	10mls	
2	Fluorescein sodium	Eye Drops	1%, 2%		
3	Methylcellulose	Eye Drops	1%, 2%		3579.76
OXYTOCICS AND TOCOLYTICS					
1	Ergometrine	Tablet	0.5mg (Maleate)	Tab.	10.00
2	Ergometrine	Injection	0.5mg/ml (Maleate)	Amp.	50.11
3	Oxytocin	Injection	10 units/ml, 5 units/ml in Ampoules	Amp.	571.20
4	Misoprostol	Pessary	3mg	Pessary	173.16
PREPARATIONS FOR CORRECTING WATER, ELECTROLYTE & ACID-BASE DISTURBANCES					
ORAL PREPARATIONS					

1	Oral Rehydration Salt	Powder	(See 18.5.2)	Sachet	50.00
2	Potassium Chloride (slow release)	Tablet	600mg	Tab.	94.51
3	Potassium Chloride (slow release)	Oral solution	5%, 10%, 20%	Sol.	214.79
PARENTERAL PREPARATIONS					
1	Darrow's Solution	Injection, BP	½ & full strength	500ml IVF	220.00
2	Dextrose + Sodium Chloride	Infusion	5% + 0.9%	500ml IVF	220.00
3	Glucose (Dextrose)	Injection	5% & 10%	500ml IVF	220.00
4	Glucose (Dextrose)	Injection	50% in water	500ml IVF	220.00
5	Glucose + Sodium Chloride (Pediatric)	Injection	4.3% + 0.18%	500ml IVF	220.00
6	Isoplasma	Infusion			1665.00
7	Mannitol	Infusion	10%		400.00
8	Mannitol	Infusion	20%		400.00
9	Potassium Chloride	Injection Strong	15% in 10ml Ampoule	10mls	417.64
10	Ringer's Lactate	solution		100mls	220.00
11	Sodium Lactate Compound solution	Injection	Solution, BP	500ml IVF	220.00
12	Sodium Bicarbonate	Injection	1.4% in 10ml (isotonic)	10mls	513.12
13	Sodium chloride	Infusion	0.9%, 0.45%		179.00
13	Water for injection	Injection	10ml, per amp/vial	Vial.	20.00
DIALYSIS SOLUTIONS					
1	Intraperitoneal Dialysis fluid B.P.C.	Parenteral; solution	CaCl 0.22gm, dextrose 17g, MgCl 0.152g, Na acetate 4.76g, NaCl 5.56g, Na		

			metabisulphate 0.15g		
2	Haemodialysis fluid		Heamodialysis fluid B.P.		
PSYCHOTHERAPEUTIC DRUGS					
HYPNOTICS & SEDATIVES					
1	Bromazepam	Tablet	1.5mg	Tab.	40.00
2	Bromazepam	Tablet	3mg	Tab.	50.00
3	Diazepam	Tablets	5mg, 2mg, 10mg	Tab.	15.00
4	Diazepam	Injection	5mg/ml in 2ml	Amp.	
5	Flunitrazepam	Tablet	1mg	Tab.	128.87
6	Lorazepam	Tablets	1mg,	Tab	30.00
7	Lorazepam	Tablets	2mg		30.00
8	Nitrazepam	Tablets	5mg	Tab.	40.00
ANTIDEPRESSANTS					
1	Amitriptyline	Tablets	25mg (HCL)	Tab.	10.00
2	Amitriptyline	Tablet	50mg	Tab.	15.00
3	Clomipramine	Tablet	10mg	Tab.	71.60
4	Clomipramine	Tablet	25mg	Tab.	78.76
5	Citalopram	Tablet	20mg	Tab.	138.05
6	Gabapentin + Methyl cobalamin	Tablet	300mg + 50 mg	Tab.	57.23
7	Imipramine	Tablets	10mg,	Tab.	10.00
8	Imipramine	Tablet	25mg (HCL)	Tab.	10.00
9	Moclobemide	Tablet	150mg	Tab.	
10	Olanzapine	Tablet	5mg	Tab.	
11	Paroxetine	Tablet	20mg	Tab.	121.70
12	Paroxetine	Tablet	30mg	Tab.	171.82
13	Sertraline	Capsule	50mg	Caps.	205.04
ANTI PSYCHOTICS (MAJOR TRANQUILIZERS)					
1	Carbamazepine	Tablet (scored)	200mg		
2	Carbamazepine	Tablet (scored)	400mg		
3	Carbamazepine	Syrup	100mg/5ml		1718.28
4	Chlorpromazine	Tablets	25mg	Tab.	10.00
5	Chlorpromazine	Tablet	50mg	Tab.	20.00

6	Chlorpromazine	Tablet	100mg (HCL)	Tab.	30.00
7	Chlorpromazine	Syrup	25mg/5ml (HCL)	100mls	1145.52
8	Chlorpromazine	Injection	25mg/ml (HCL) in 2ml Ampoule	Amp.	100.00
9	Fluoxetine	Capsules	20mg	Cap.	100.24
10	Fluoxetine	Injection (oily)	25mg/ml in 1ml Ampoule (decanoate or enantate)	Amp.	422.40
11	Flupentixol	Injection (depot)	20mg (decanoate or enantate) in 1ml Ampoule	Amp.	1073.93
12	Flupentixol	Tablet	1.5mg, 3mg	Tab.	20.00
13	Flupentixol	Injection	50mg/ml, 100mg/ml,	Amp.	171.83
14	Fluphenazine	Injection	25mg		229.24
15	Haloperidol	Tablet	2mg, 5mg, 10mg	Tab.	10.00
16	Haloperidol	Injection	5mg/ml	injection	200.00
17	Lithium Carbonate	Capsules/ Tablets	300mg	Cap./ Tab.	
18	Pimozide	Tablets	4mg	Tab.	
19	Pimozide	Tablets	10mg	Tab.	
20	Thioridazine	Tablet	100mg	Tab.	93.07
21	Thioridazine	Tablet	50mg	Tab.	78.76
22	Thioridazine	Syrup	25mg/5ml	100mls	
23	Trifluoperazine	Tablet	1mg	Tab	5.00
24	Trifluoperazine	Tablet	5mg	Tab.	10.00
25	Valproic acid (sodium valproate)	Tablet (enteric- coated)	200mg	Tab	71.60
26	Valproic acid (sodium valproate)	Tablet (enteric- coated)	500mg		186.13
ANTIDOTES TO ANTI-PSYCHOTIC DRUGS					
1	Benzhexol (trihexyphenidyl)	Tablets	2mg, 5mg (HCL)	Tab.	10.00
2	Biperiden	Tablet (Hcl)	2mg, 5mg (Hcl)	Tab.	
3	Biperiden	Injection	5mg/ml	Amp.	

RESPIRATORY SYSTEM DRUGS					
ANTI ASTHMATIC DRUGS					
1	Aminophylline	Injection	25mg/ml in 10ml Ampoule	Amp.	100.00
2	Beclomethasone	Aerosol inhalation	0.050mg/metered dose	Spray	1789.87
3	Ephedrine + Theophylline	Tablet	11mg + 20 mg	Tab.	14.32
4	Epinephrine (Adrenaline)	Injection	1mg/ml (1 in 1000) in 1ml Ampoule	Amp.	35.80
5	Hydrocortisone	Injection	100mg/vial	Vial	
6	Ipratropium bromide	Inhalation (aerosol)	20 micrograms per metered dose	Spray	1184.96
7	Salbutamol	Tablets	2mg, 4mg (Sulphate)	Tab.	5.00
8	Salbutamol	Syrup	2mg/5ml (Sulphate)	100mls	357.97
9	Salbutamol	Aerosol	0.1mg/metered dose	Spray	830.51
10	Salbutamol	Injection	500ug/ml	Amp	400.93
11	Salmeterol	Inhalation	100mcg/dose	Spray	5011.66
12	Salmeterol	Inhalation	250mcg/dose	Spray	5298.04
13	Salmeterol + Fluticasone	Inhalation	250mcg /100mcg	Spray	4582.08
14	Theophylline	Tablet	125mg	Tab.	15.00
15	Theophylline	Tablet	250mg(SR)	Tab	30.00
ANTI-TUSSIVES, EXPECTORANT AND MUCOLYTICS					
1	Bromhexine	Tablet	8mg	Tab.	25.00
2	Bromhexine	Elixir	4mg/5ml	100mls	350.00
3	Cough Mixtures containing Codeine	Syrup		100mls	350.00
4	Cough Mixtures containing Guaiphenesin	Syrup		100mls	350.00
5	Dextromethorphan hydrobromide	Syrup	15mg/5ml	100mls	350.00
6	Diphenylhydramine Mixtures	Syrup			250.00

VITAMINS					
1	Alpha tocopherol acetate(Vitamin E)	Capsules/ Tablet	100mg	Cap./Tab.	40.00
2	Alpha tocopherol acetate(Vitamin E)	Capsules/ Tablet	1000 I.U	Cap./Tab.	60.00
3	Ascorbic Acid	Tablets	100mg	Tab.	5.00
4	Ascorbic Acid	Syrup	100mg/5ml, 200mg/5ml, 500mg/5ml	100mls	200.00
5	Ascorbic Acid	Effervescent tablets	1g	Tab.	180.00
6	Cyanocobalamin (B ₁₂)	Injection	0.25mg in 1ml, 1mg/ml	Amp.	114.00
7	Cyanocobalamin (B ₁₂)	Tablet	0.05 mg	Tab.	5.00
8	Ergocalciferol (Vit. D)	Tablets, capsules	0.25mg, 1.25mg	Tab.	20.00
9	Folic acid	Tablet	5 mg	Tab.	3.00
10	Multivitamin	Syrup		100mls	200.00
11	Multivitamin	Tablet		Caps.	2.00
12	Multivitamin	Drops		10mls	200.00
13	Pyridoxine (Vitamin B ₆)	Tablets	10,20,50, mg (HCL)	Tab.	5.00
14	Retinol (Vitamin A)	Tablets/Capsules	1.5mg, 7.5mg, 15mg (5 000,25 000, 50 000 units) respectively.	Caps.	20.51
15	Retinol (Vitamin A)	Tablets/Capsules	10000iu(5.5mg)/5ml	Caps.	20.51
16	Retinol (Vitamin A)	Syrup/Emulsion		60mls	357.97
17	Retinol (Vitamin A)	Syrup/Emulsion		200mls	365.14
18	Riboflavin (Vitamin B ₂)	Tablets	5mg	Tab.	5.00
19	Thiamine (Vitamin B ₁)	Tablets	25, 50mg (HCL)	Tab.	5.00

20	Vitamin B Complex	Tablets/Capsules		Tab.	2.00
21	Vitamin B Complex	Syrup		100mls	200.00
22	Vitamin B Complex	Injection		Vial	135.62
23	Vitamins B1+B6+B12	Tablet	100mg+200mg+200mcg	Tab	34.36
24	Vitamins B1+B6+B12	Injection	100mg+100mg+1000mcg	Amp.	243.42
25	Yeast BPC	Tablets	300mg	Tab.	
	MINERALS				
1	Calcium Gluconate	Tablets	600mg	Tab.	5.00
2	Calcium Lactate	Tablets	300mg	Tab.	5.00
3	Sodium Fluoride	Tablet	2.2 mg	Tab.	
	CYTOTOXICS				
1	5 Fluorouracil (5FU)	Injection	500mg		
2	Doxorubicin	Injection	50mg		
3	Bicalutamide	Tablet	50mg		
4	Cisplatinium		50mg		
5	Cyclophosphamides	Tablet/Injection	500mg	vial	
6	Docetaxel	Injection	80mg	vial	
7	Epirubicin	Injection	50mg	vial	
8	Gemcitabine	Injection	1gm	vial	
9	Granisetron	Injection	3mg	vial	
10	Granisetron	Tablet	2mg	Tab	
11	Leucovorin	Injection	50mg	vial	
12	Leucovorin	Tablet	5mg	Tab	
13	Ondansetron	Injection	8mg	vial	
14	Ondansetron	Tablet	4mg	Tab	
15	Oxaliplatin	Injection	100mg	vial	
16	Paclitaxel	Injection	100mg	vial	
17	Tamoxifen	Tablet	20mg	Tab	
18	Vincristine	Injection	2mg	Ampoule	
19	Xeloda	Tablet	1 pack	Tab	
20	Zoladex Inj	Injection	3.6mg	Prefilled syringe	

21	Zoledronic acid	Solution	5mg/100ml	Solution	
	MISCELLANEOUS DRUGS				
	ENZYMES				
1	Trypsin + Chymotrypsin	Tablet	Trypsin 50,000 Armor units + Chymotrypsin 50000 Armor units	Tab.	50.00
	CONSUMABLES				
1	Blood giving set	Unit	Unit	Unit	200.00
2	Chromic catgut	Size	All sizes	Unit	285.00
3	Cotton wool	Roll	All sizes	Unit	1000.00
4	Crepe bandage	Roll	All sizes	Unit	250.00
5	Foleys Catheter	Size	All sizes	Unit	300.00
6	Infusion set	Unit	Unit	Unit	100.00
7	IV Cannula	Size	14G,16G,18G,2 0G-23G,25G	Unit	100.00
8	Mucus extractor	Size	All sizes	Unit	150.00
9	Needle	Unit	Unit	Unit	10.00
10	NG Tube	Size	All sizes	Unit	150.00
11	Nylon	Size	All sizes	Unit	150.00
12	plaster	Roll	All sizes	Unit	940.00
13	Scalp vein needle	Size	20G,21G,22G,2 3G,25G	Unit	30.00
14	Soluset	Size	All sizes	Unit	1500.00
15	Surgical blade	Size	All sizes	Unit	30.00
16	Surgical Gloves	Size	All sizes	Unit	100.00
17	Syringe/Needle	Unit	2ml	Unit	20.00
18	Syringe/Needle	Unit	5ml	Unit	30.00
19	Syringe/Needle	Unit	10ml	Unit	40.00
20	Syringe/Needle	Unit	20ml	Unit	50.00
21	Urine Bag	Size	All sizes	Unit	150.00
22	Adsorbent Gauze	Roll	500g	Unit	3400.00
23	Bandage	Roll	6inch	Unit	150.00

Annex 2: Laboratory Test and Prices for Primary Healthcare Providers

S/NO	DESCRIPTION	PRICE ₦
1	Widal Test	400
2	PCV/HB	300

3	Urinalysis	350
4	Blood Grouping	300
5	FBS/RBS	350
6	Pregnancy Test	350

Annex 3: Clinical Chemistry

S/NO	DESCRIPTION	PRICE ₦
1	Potassium/sodium/chloride/bi-Carbonate/each	450
2	Urea/creatinine/each	500
3	2Hrs. Post Prandial	700
4	G.T.T	1700
5	Bilirubin (Total and Conjugated)	500
6	SGOT/SGPT/each	500
7	Alkaline Phosphate	500
8	LFT (SGOT,SGPT,ALP,Total Bilibirun & Conjugated Bilirubin)	2000
9	Total Protein//albumin/each	500
10	GL-6 Phosphate Dehydrogenase	2000
11	Inorganic Phosphate/calcium/ each	500
12	Cholesterol/amylase/each	500
13	CSF (glucose/chloride/protein) chemistry	10000
14	PSA (quantitative)	3500
15	PSA (qualitative) total acid Phosphate	700
16	Uric acid	500
17	Lipid profile	2500
18	24 Hr. urinary protein/calcium/each	600
19	Bence Jones Protein	600
20	Cross Reactive Protein	700
21	Alpha Fetor Protein	2000
22	Iron/magnesium/each	500
23	Creatine Phosphokinase (CPK)	800
24	Creatine clearance	2000

Annex 4: Microbiology/Parasitology

S/NO	DESCRIPTION	PRICE ₦
1	Urine/M/C/S	800
2	Occult Blood/FOB	700
3	HVS SWAB (with speculum) M/C/S	800
4	Endo Cervical SWABS/M/C/S	800
5	Sputum M/C/S	800
6	Urethral/wound swab/M/C/S	800

7	Blood M/C/S	2000
8	Semen MCS	800
9	Semen analysis	400
10	Ear/eye/throat/swab mcs each	800
11	Aspirate PUSMCS	800
12	AFBfor TB (x2)	800
13	Skin scraping for fungal elements	400
14	Gram stain	300
15	Chlamydia	1800
16	Mantoux test	500
17	Toxoplasma gondii	2500
18	Rubella	1800
19	Helicobacter pylori	2500
20	Infectious Mononucleosis	

Annex 5: Serology

S/NO	DESCRIPTION	PRICE ₦
1	Aso Titer	1800
2	Rheumatoid Factor	1800
3	Pregnancy Test HCG (blood)	500
4	Direct/Indirect Coombs Test each	500
5	Hepatitis B Surface Antigen Screening	650
6	HIV diagnostic Test (in line with national Algorithm)	1300
7	RBC Indices	650
8	Hepatitis Antigen A&C/Syphilis each	650

Annex 6: Haematology

S/NO	DESCRIPTION	PRICE ₦
1	Fbc	800
2	RBC/WBC each	300
3	Platelets concentration	1800
4	Platelets/reticulyte count	500
5	Cryoprecipitate factor	2500
6	Fibrinogen estimation	700
7	Prothrombin/thromboplastin time each	800
8	Blood grouping/x-matching each	400
9	HB genotype	500
10	Transfusion blood screening (HBsAg, HIV, HCV, Syphilis)	2500
11	Myoglobin	3500
12	Partial prothrombin time (PTT)	800

13	Glycosylated Hemoglobin	800
14	Bone marrow examination	400

Annex 7: Hormones

S/NO	DESCRIPTION	PRICE ₦
1	FSH/SH/LH/PROG/T3/T4 each	3000
2	PROG/E2 TESTS	1000

DESCRIPTION	PRICE ₦
UPPER LIMB	
Hand/finger	700
Wrist	700
Forearm	700
Elbow	700
Humerus	800
Shoulder	800
Clavicle	
LOWERLIMB	
Foot/Toe	400
Ankle	800
Leg (Tibia/Fibula)	800
Knee	800
Hip	800
Femur or Thigh	1000/Film
Pelvic	800
THORAX	
Chest (PA/AP)	800
Chest (PA/Lateral)	800/Film
Chest for Rib (Obliques)	800
Thoracic Inlet	800
VERTEBRAE	
Cervical Spine	1000
Lateral Neck (Soft Tissue)	800
Thoracic Spine	1000
Thoraco Lumbar Spine	1200
Lumber Spine	1000
Lumbo Sacral Spine	1000
Sacrum	800
Sacro Iliac Joint (SIJ)	800

Cervical Spine (Obliques)	100
Sacro-coccyx	850
ABDOMEN	
Abdomen (Pain)	800
Abdomen (Erect/Spine)	800/Film
SKULL SERIES	
Skull (AP/LAT)	800/Film
Skull (PA/LAT/Townes)	800/Film
Mastoids	800
Sinuses AP/LAT/OM	800/Film
Mandibles (Jaw)	800/Film
Temporo-Mandibular Joints (TMJ)	1200
Sella Turcica (Cone Down View)	800
TEGENTIAL	800
SPECIAL INVESTIGATIONS	
Barium Swallow	3500
Barium Meal/Follow through	6500
Barium Enema	5000
Intravenous Urography (IVU)	8000
Hysterosalpingogram (HSG)	5000
Cysto-urethrogram	4500
Fistulogram	4000
Myelogram	7500
Skeletal Survey	7000
Electrocardiogram (ECG)	1000
Ultrasound scan (OBST)	1000
Ultrasound scan (gynae/Abdomen)	1000
Computerized Tomographic	
Scan (CT-Scan)	25000
Echo scan	3000

Annex 8: Fees for Professional Service

S/ N	GENERAL DESCRIPTIONS	PRICES (N)
1.	Specialist Initial Consultation	N 500
2.	Specialist Review	N 250

3.	Nursing Care	N 250
4.	Hospital Bed Occupancy	N 250
A General Surgery		
A GROUP 1		
S/ N	A.1.1 Procedures under this group include	(N3,000:00)
1.	Biopsy of Tumor of Abdominal Wall	
2.	Electrofulguration of Condylomata Acuminata	
3.	Release of Chordae	
4.	Repair of Minor Laceration	
5.	Removal of Foreign Body	
6.	Intralesional Injections (max 6 sessions)	
7.	Circumcision (conventional)	
8.	Ureteral Catheterization	
A.2 Group 2		
	A.2.1 Procedures under this Group include	(N10,000:00)
1.	Ganglion, Cyst., Lump, Tophi Excision	
2.	Debridement of Minor Burns/wounds	
3.	Incision and Drainage of Abscess	
4.	Surgical Drainage of Hematoma in Rectus Abdominis, Hepatoma, etc.	
5.	Excisional Biopsy (polypectomy/lipoma)	
6.	Chest Tube Drainage Insertion	
7.	Suprapubic Cystostomy	
8.	Tracheostomy	
9.	Surgical Release in Stenosing Tenosynovitis	
10	Syndactyls	
11	In growing Toenail (excision)	
12	Keloid Excision Surgery	
13	Dissection of Lymphatic Nodes such as Inguinal Nodes	
14	Surgical Drainage of Galactocele	
15	Synovectomy	
16.	Repair of Major Lacerations	
A.3 Group 3		(N25, 000:00)
A.3.1 Procedures under this group include		
1.	Orchidectomy	
2.	Surgical Drainage of Anal Abscess	
3.	Anal Fistulectomy	
4.	Hydrocelectomy	
5.	Appendicectomy	
6.	Orchidopexy	

7.	Excision of Intrasrotal Mass	
8.	Surgery of Torsion of Spermatic Cord	
9.	Varicocelectomy	
10.	Herniorrhaphy (superficial or external)	
11.	Vasectomy	
12.	Hemorrhoidectomy (conventional)	
	A.4 Group 4	(N30,000:00)
	A.4.1 Procedures under this group include	
1.	Injection Sclerotherapy of Varicose Veins	
2.	Cystolithotomy	
3.	Surgical Correction of Dupuytren's Contracture	
4.	Cystic Hygroma Excision	
5.	Biopsy of Retroperitoneal Tumor	
6.	Anal Sphincteroplasty	
	A.5 Group 5	(N30,000:00)
	A.5.1 Procedures Under This Group Include	
1.	Exploratory Laparotomy/adhesiolysis	
2.	Oophorectomy	
3.	Diverticulectomy	
4.	Drainage of Hepatic Abscess	
5.	Repair of Splenic Laceration	
6.	Local Resection/biopsy of Pelvic Tumor	
7.	Retroperitoneal Drainage of Perinephric Abscess	
8.	Segmental Resection of Bladder Lesion	
9.	Trans-perineal Biopsy of Prostate	
10.	Transrectal Biopsy of Prostate	
11.	Transurethral Desiccation of Congenital Meatal Stenoses	
12.	Surgical Exploration for Anorchism	
13.	Splenectomy	
14.	Cholecystectomy	
15.	Intussusception Operation	
	A.6 Group 6	(N40,000:00)
	A.6.1 Procedures under this group include	
1.	Diaphragmatic/Hiatus Hernia Repair	
2.	Surgery for Intestinal Obstruction ± Resection and Anastomoses (small/large Intestines)	
3.	Splenorrhaphy	
4.	Repair of Gastric Laceration	
5.	Repair of Small Bowel Perforation	
6.	Surgery of large Bowel Perforation	
7.	Surgery of Complications of Appendicitis	
8.	Colostomy and Its Closure	

	A.7 Group 7	(40,000:00)
	A.7.1 Procedures Under This Group Include	
1.	Thyroidectomy	
2.	Thyroglossal Cysts and Fistula Excision	
3.	Prostatectomy (retropubic/trans vesical/perineal/radical)	
4.	Subtotal Thyroidectomy	
5.	Thyroid Lobectomy	
6.	Thyroid Lobectomy with Neck Dissection	
7.	Parathyroidectomy	
8.	Ectopic Parathyroidectomy	
9.	Nephrectomy	
10.	Nephrolithotomy	
11.	Pancreatic Cystectomy	
	B. Orthopedic Surgeries	
	B.1 Group 1	(N15,000:00)
	B.1.1 Procedures under this group include	
1.	Close Reduction of Fracture and Application of Cast	
2.	Drainage of Septic Arthritis	
3.	Exostectomy	
4.	Excisional Biopsy	
5.	Skin Traction	
6.	Simple Congenital Talipes Repair	
	B.2 Group 2	(15,000:00)
1.	Subperiosteal Drainage of Acute Osteomyelitis	
2.	Chondromectomy	
3.	Sequestrectomy	
4.	Saucerization of Chronically Infected Bone	
5.	Amputation and Disarticulation of Joints	
6.	Skeletal Traction	
	B.3 Group 3	(N30,000:00)
1.	Open Reduction and Internal Fixation without Provision of Implants	
	C. Otorhinolaryngology	
	C. Group 1	(N3,000:00)
	C.1.1 Procedures under this group	
1	Foreign Body Removal from the Ear, Nose and Throat	
2	Electrocautery of Nose	
3	Nasal Packing	
4	Aural and Nasal Suction/clearance	
5	Incision and Drainage of Abscess	
6	Debridement and Toileting of Wounds	
7	Suturing of Lacerations	
8	Release of Tongue-tie	

	C. Group 2	(N10,000:00)
	C.1.2 Procedures under this group include	
1	Antral Lavage	
2	Tympanometry	
3	Nasal Polypectomy	
4	Tracheostomy	
	C. Group 3	(20,000:00)
	C.1.3 Procedures under this group include	
1	Tonsillectomy	
2	Adenoidectomy	
3	Myringotomy	
D. Ophthalmology		
	D.1 Group 1	(10,000:00)
	D.1.1 Procedures under this group	
1	Traumatic Lid Laceration Repair	
2	Removal of Foreign Bodies from Conjunctiva and Cornea	
3	Conjunctival Laceration Repair	
4	Chalazion Excision	
5	Granuloma Excision	
6	Syringing and Probing	
7	Tumor Excision from Lid	
8	Entropion and Ectropion Repairs	
9	Pterygium Excision	
10	Repair of Ptosis	
	D.2 Group 2	(20,000:00)
	D.1.2 Procedures under this group include	
1	Conjunctivectomy and Cryoapplication	
2	Traumatic Canalicular Repair	
3	Paracentesis (a/c Washout)	
4	Extracapsular Cataract Extraction with Intraocular Lens Implantation	
5	Intracapsular Cataract Extraction with Intraocular Lens Implantation	
6	Combined Cataract Extraction with Trabeculectomy	
7	Evisceration/enucleation/exenteration	
8	Traumatic Corneal and/or Scleral Laceration Repair	
	D.3 Group 3	
	D.1.3 Procedures under this group	
1	Refraction	N1,000
2	Spectacles	N5,000
3	Tonometry	N2,000
E. Dental Surgery		
1.	1. X-ray	

	i. Periapical	1,000
	ii. Bitewings	1,000
	iii. Panoramic View	1,000
2.	Simple Extraction	2,000
3	Simple Amalgam Filling	2,500
4	Composite Filling	3,000
F. Obstetrics and Gynecology		
	Antenatal Care	3,000
	Delivery ± Episiotomy	5,000
	Ultrasound Scan (obstetrics)	2,000
	G.1 Group 1	(N5,000:00)
	G.1.1 Procedures under this group include	
1.	Colposcopy	
2.	Cervical Cautery	
3.	Punch Biopsy	
4.	Examination Under Anesthesia (EUA)	
5.	Removal of IUCD Under General Anesthesia	
6.	Dilatation and Curettage	
7.	Evacuation of Retained Products of Conception	
8.	Excision/diathermy of Warts	
9.	Excision of Vaginal Septum	
10.	Cervical Cone Biopsy	
11.	Forceps/ventouse Delivery	
	H.1 Group 2	(N15,000:00)
	H.1.2 Procedures under this group include	
1.	Repair of Third-Degree Tear	
2.	Marsupialization	
3.	Mini Laparotomy	
4.	Cervical Cerclage/shirodkar Suture	
5	Rectovaginal Fistula Repair	
	H.1.3 Group3	(N30,000:00)
	H.1.3 Procedures under this group Include	
1.	Wedge Resection of the Ovary	
2.	Ectopic Pregnancy	
3.	Ovariectomy	
4.	Salpingo-oophorectomy	
5.	Ovarian Biopsy	
6.	Caesarean Section with or without Tubal Ligation	
7.	Ovarian Cysts	
8.	Broad Ligament Hematoma	
9.	Colporrhaphy/colpoperineorrhaphy	
10.	Hysterectomy ± Bilateral Salphingo Oophorectomy	

11.	Myomectomy	
12.	Repair of Perforated Uterus	
13.	Pelvic/abdominal Abscess Drainage	
14.	Pelvic Haematocoele	
15.	Repair of Ruptured Uterus	
I	Internal Medicine	₦
1.	Critical Care (in ICU)	5,000/day
2.	Oxygen Therapy (concentrator)	500/day 500/day
3.	Nebulization	1,000
4.	Gastric Lavage	1,000
	Aspirations/paracentesis	10,000
5.	Tissue Biopsies E.g. Liver, Kidney Etc	1,000
6.	Lumbar Puncture	
7.		
J	Pediatrics	₦
1.	Critical Care (in ICU)	5,000/day
2.	Oxygen Therapy (concentrator)	700/day
3.	Nebulization	700/day
4.	Gastric Lavage	1,000
5.	Aspirations/paracentesis	1,000
6.	Tissue Biopsies E.g. Liver, Kidney Etc	10,000
7.	Lumbar Puncture	2,000
8.	Phototherapy	500/day
9.	Incubator Care	500/day
10.	Exchange Blood Transfusion	8,000
K	Physiotherapy	
	K. 1 Medical Conditions	₦
1.	Cerebrovascular Accident (Max 12 Visits)	500/visit
2.	Chest Conditions (max 6 Visits)	500/visit
	K. 2 Surgical/orthopedic Conditions	₦
1.	Arthritis (max 6 visits)	500/visit
2.	Limitation of Movement from Fracture (max 6 Visits)	500/visit
3.	Slipped Disc/low Back Pain (max. 4 visits)	500/visit
		500/visit
	K. 3 Pediatric Conditions	₦
	Correction of Deformities and Disabilities from	
1.	Poliomyelitis (max 18 visits)	500/visit
2.	Erb's Palsy (max 8 visits)	500/visit
3.	Talipes Manipulation	500/visit
4.	Cerebral Palsy (max 12 visits)	500/visit
5.	Injection Palsy (max 8 visits)	500/visit

Annex 11: Claims Form

CLAIMS FORM

Healthcare Provider: _____ HCP KEHEMA REG NO: _____

Enrollee's Name: _____ Gender _____ Status _____

Enrollee's ID No: _____ Enrollee's GSM No: _____

Authorization Code: _____ Date of Authorization _____

Authorization Officer: _____ Enrollee's Employer: _____

Date/Time of Admission: _____ Date/Time of Discharge: _____

Presenting Complaints:

Clinical Findings:

Investigations:

Diagnosis:

Procedure:

Discharge Summary: (Attach Medical Report, Prescription sheet, Operation sheet, Lab Inv. done)

Annex 12: Claims Review Template

Claims Review Template

Date of Review.....

Name of Health Care Provider (HCP).....HCP Registration

No.....

Month of Review.....

A. General Information

						and Validate d				

Annex 14: Informal Sector Premium Collection Template

S/ N o	Dat e of Pay me nt	Nam e of Cont ribut or	Pol itic al Ward	Am ou nt	Channel of Payment		E nr ol. N o.	D at e of E	Mode of Payme nt		Re cei pt No .
						Group					

					Indi vidu al	Asso ciati on	Phila nthro pist	Fac iliti es		nr ol.	B a n k	C as h	