

# KEBBI STATE GOVERNMENT

## KEBBI STATE CONTRIBUTORY HEALTHCARE MANAGEMENT AGENCY (KECHEMA)

Sultan Abubakar Road, Adjacent to Presidential Lodge,

PMB 1163, Birnin Kebbi, Kebbi State

Tel +234(0)8036677076, +234(0)9034440066

Email: [info@kechema.gov.ng](mailto:info@kechema.gov.ng)

Website: [www.kechema.gov.org](http://www.kechema.gov.org)



## REVISED ENROLLEE HANDBOOK

2022

## Table of Contents

|   |    |
|---|----|
| ABOUT THE ENROLLEE HANDBOOK.....  | 4  |
| INTRODUCTION .....  | 5  |
| <b>Understanding Contributory Health Care</b> .....   | 5  |
| <i>What does a ‘Contributory Health Care mean?</i> .....  | 5  |
| A <i>Contributory Health Care (Health Insurance) Policy</i> is a contract between an insurance agency or its agent and an individual / group in which the insurer agrees to provide specified health insurance cover at a particular “premium” subject to terms and conditions specified in the policy..... | 5  |
| <i>Why is Contributory Health Care important?</i> .....   | 5  |
| <b>Vision</b> .....   | 6  |
| <b>Mission</b> .....  | 6  |
| <b>Motto</b> .....  | 6  |
| FUNCTIONS OF THE AGENCY.....  | 6  |
| DEPARTMENTS OF THE AGENCY .....   | 6  |
| KEBBI STATE CONTRIBUTORY HEALTHCARE SCHEME (KECHES).....  | 7  |
| OBJECTIVES OF KECHES .....  | 7  |
| PROGRAMMES.....   | 7  |
| CONTRIBUTION RATES .....  | 8  |
| HOW TO ENROLL INTO KECHES.....  | 8  |
| WAITING PERIOD.....   | 8  |
| EXPIRATION OF CONTRIBUTORY HEALTH PLAN.....   | 9  |
| <i>What happen if my health plan is not renewed in time before expiry date?</i> .....   | 9  |
| RIGHTS OF ENROLEE.....  | 9  |
| PECULIARITIES OF KECHES.....  | 9  |
| PATIENTS’ BILL OF RIGHTS.....   | 10 |
| <b>Grievance Call Centre (GCC)</b> .....  | 14 |
| SERVICES COVERED (BENEFIT PACKAGE).....   | 16 |
| PARTIAL EXCLUSIONS:.....  | 21 |
| TOTAL EXCLUSIONS: .....   | 22 |

## **FOREWORD**

The decision of the Administration of the Executive Governor His Excellency Abubakar Atiku Bagudu (Matawallen Gwandu) to introduce a State Social Health Insurance Scheme in Kebbi State is a game changer that has the potential to accelerate the achievement of Universal Health Coverage (UHC) and ensure social and economic development in the State. The Kebbi State Contributory Health Care Scheme (KECHES) would ensure access to quality health care services and drastically reduce the Out of Pocket Expenditure (OOPE) in accessing health care. The scheme will also empower the over nine hundred healthcare facilities, especially at the primary healthcare (PHC) level, to upgrade their capacity to deliver qualitative services through the improvement of infrastructure, human resource for health, sustainable supply of commodities and overall efficiency.

KECHES is a social scheme that has been tailored to conform with the cultural aspirations of the people and is therefore expected to be readily acceptable to all resident of Kebbi State irrespective of tribal, ethnic or religious affiliation.

This booklet is intended to educate the enrollees about the Kebbi Contributory Healthcare Scheme; the benefit of the scheme, right of enrollees how to enroll, and other vital information that will give the enrollee clear guidance into the scheme.

Finally, our overall gratitude goes to Allah (SWT) for availing us the opportunity to see the commencement of the scheme in kebbi state.

We sincerely thank our Executive Governor His Excellency Sen. Abubakar Atiku Bagudu (matawallen Gwandu) for his futuristic and strategic thinking and limitless support.

We also thank all the stakeholders who in one way or another contributed to and continue to work towards the success of the contributory healthcare scheme in the State.

Dr. Jafar Augie mohammed

Executive Secretary/CEO

## **ABOUT THE ENROLLEE HANDBOOK**

### *Why do we need Enrollee Handbook?*

Kebbi State Contributory Healthcare Management Agency has the mandate to ensure that all residents of Kebbi state are enrolled in the Kebbi State Contributory Health Scheme (KECHES). The goal is to ensure that all Kebbi state residents have easy access to effective, qualitative, affordable health care services and to protect families from the financial hardship of huge medical bills.

It is important for registered beneficiaries (enrollees) to have sufficient information on the various aspects of the Kebbi Contributory Healthcare Scheme. Therefore, this Handbook is designed based on Frequently Asked Questions (FAQ) approach by Kebbi Contributory Healthcare Management Agency (KECHEMA) as a guide on Kebbi Contributory Healthcare Scheme and gives general information only. No information given herein replaces or overrides the terms and conditions of a health plan.

Please approach KECHEMA offices at the state, Zonal and LGA levels and accredited healthcare providers for specific information regarding a health plan or for any other additional information.

## **INTRODUCTION**

### **Understanding Contributory Health Care**

#### *What does a ‘Contributory Health Care mean?*

*Contributory Health Care is also known as Health Insurance.*

It is a type of contribution (or insurance) that offers medical coverage to the beneficiary or enrollee for medical expenses whenever the need for healthcare arises including a health emergency. A health insurance plan chosen by the contributor provides coverage for different expenses including surgical, day-care, and critical illness etc.

A Contributory Health Care (Health Insurance) Policy is a contract between an insurance agency or its agent and an individual / group in which the insurer agrees to provide specified health insurance cover at a particular “premium” subject to terms and conditions specified in the policy.

#### *Why is Contributory Health Care important?*

All of us should buy Contributory Health Care Plan and for all members of our family. Buying Contributory Health Care Plan protects us 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. Healthcare is increasingly expensive, with technological advances, new procedures and more effective medicines that have also 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

### **Kebbi State Contributory Healthcare Management Agency (KECHEMA)**

#### *Is there a government organ or agency in Kebbi State with responsibility for Contributory Health Care or Health Insurance?*

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

**Vision**

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

**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.

**Motto**

Mutual assistance and voluntary donation to access quality health care.

**FUNCTIONS OF THE AGENCY*****What are the functions of KEHEMA and how is the Agency organized?***

- i. The Agency is established to promote, regulate, supervise, and ensure the effective administration of Kebbi State Contributory Healthcare Scheme (KECHES).
- ii. Implementation of Basic Healthcare Provision Fund (BHCPF) and similar programmes from the Federal and Kebbi State governments or other development partners.

**DEPARTMENTS OF THE AGENCY**

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

## **KEBBI STATE CONTRIBUTORY HEALTHCARE SCHEME (KECHES)**

*What does Kebbi Contributory Healthcare Scheme mean and what are the objectives?*

KECHES is a system of pre-paid financing of health expenditure through contributions, premiums, donations or taxes paid into a common pool to pay for all or part of health services specified by the policy.

### **OBJECTIVES OF KECHEs**

- a. Ensure that all people in Kebbi State have access to good healthcare services.
- b. Protect families from the financial hardship of huge medical bills.
- c. Limit the rise in the cost of healthcare services.
- d. Equitable distribution of healthcare cost among different income groups.
- e. Maintain high standard of healthcare delivery services with the scheme.
- f. Ensure efficiency in healthcare services.
- g. Improve and harness private sector participation in the provision of healthcare services.
- h. Ensure the availability of alternate sources of funding to the health sector for improved services.

### **PROGRAMMES**

*What are the forms of Programmes (Contributory Healthcare Plan) available?*

The types of Contributory Healthcare Plan include the following:

- 1) The Kebbi State Health Plan (KSHP) which is the Informal Health Plan which includes the community based and voluntary contributors programmes.
- 2) The Formal Health Plan which is a contributory plan for all public and private sector employees, including the tertiary institution social health insurance plan (TISHIP) and retirees.
- 3) Equity Health Plan for the vulnerable groups (pregnant women, children under 5, orphans, elderly >80years, indigents).

## **CONTRIBUTION RATES**

### *What are the contribution rates?*

- Formal Sector Programmes – 5% of employee basic salary to be contributed by employee and 10% basic salary to be contributed by employers
- TISHIP – the sum of two thousand naira (₦ 2000) per session (subject to review by the Board)
- Informal sector programme – The sum of four thousand eight hundred Naira (₦4,800) per person per annum (subject to review according to actuarial studies)
- Equity health plan – as for Informal sector programme (₦4,800), to be paid for from the Kebbi Equity Fund, comprising: 2% CRF of Kebbi State; 2% contract sum of all contracts in the State; 1% CRF of LGAs; donations from philanthropists, IPs; BHCPF etc.

## **HOW TO ENROLL INTO KECHES**

### *How does someone get enrolled into the scheme?*

- Registration of beneficiary shall be done by KEHEMA or its agent(s) through direct data capturing after payment of contribution into the Kebbi Health Fund.
- The Agency is responsible for the provision of ID card for the enrollee after registration. However, cost of re-production of a lost ID card shall be born by the enrollee.
- Residents of Kebbi State are encouraged to register through community based MHAs, CBOs, FBOs, Trade based associations, etc. Individuals can also register directly with the Agency.

## **WAITING PERIOD**

### *How long do I have to wait before I can access service after enrolment?*

The time needed before a registered enrollee begins to access service.

Not more than sixty days (60) after enrolment.



## EXPIRATION OF CONTRIBUTORY HEALTH PLAN

### *What happen if my health plan is not renewed in time before expiry date?*

**You will not be denied renewal.** The policy will be renewable provided you pay the premium. However, the health plan will lapse if the premium is not paid and coverage would not be available for the period for which no premium is received by KEHEMA.

## RIGHTS OF ENROLEE

### *What rights do I have as an enrollee?*

- Access care once the name is on the current enrollee register after proper identification.
- Discretion to choose his/her NHIS/KEHEMA accredited facility that is engaged with the Agency.
- Right to change primary healthcare provider according to laid down procedures by the Agency.
- Right to receive treatment at the nearest registered healthcare facility in case of emergencies.
- Register grievance with the Agency if not satisfied with the services.

## PECULIARITIES OF KECHES

### *Are there anything unique about the scheme?*

- Participation in the Scheme is **mandatory for all residents of Kebbi State.** However, contribution is according to ability to pay.
- **A unified pool, the Kebbi Health Fund (KHF)** for both formal and informal programmes. The Kebbi Equity Fund for the vulnerable groups is part of the Kebbi Health Fund.
- **A unified Benefit Package** for all registered enrollees.
- **Mixed provider payment mechanism (PPM)** involving **both capitation method and fee for service.**

- **Third Party Administrators (TPAs), Mutual Health Associations (MHAs), may be engaged in the Scheme, in accordance with KECHEMA’s guideline.**
- **The Scheme shall not involve Health Maintenance Organizations (HMOs).**

## **PATIENTS’ BILL OF RIGHTS**

### *Do Patients have Rights and Responsibilities under the Scheme?*

- Patients’ Rights and Responsibilities are aggregated in the Patient Bill of Rights (PBoR) officially launched in 2018.
- It is important for the patients to understand their rights and responsibilities while the provider upholds the rights.
- It is a weapon in the hand of the patients for holding service providers accountable for violation of their Patients’ Rights and addressing patients’ complaints and grievances.



*The Vice President, Federal Republic of Nigeria, Prof. Yemi Osibanjo launched the PBoR on 31st July 2018*

## Patients' Rights and Responsibilities

| <b>Patients' Rights</b>   |
|---|
| <ul style="list-style-type: none"><li>✦ Right to relevant information in a language and manner the patient understands, including diagnosis, treatment, other procedures and possible outcomes.</li><li>✦ Right of timely access to detail and accurate medical records and available services.</li><li>✦ Right to transparent billing and full disclosure of cost or estimation of recommended treatment plan services.</li><li>✦ Right to privacy and confidentiality of all information and medical records unless disclosure is vital and in the interest of public health in accordance with prevailing law.</li><li>✦ Right to clean, safe and secure healthcare environment.</li><li>✦ Right to be treated with respect and dignity without prejudice to gender, religion, race, ethnicity, allegation of crimes, geographical location, disability or socio-economic circumstances.</li><li>✦ Right to receive urgent, immediate and sufficient intervention and care, in the event of an emergency.</li><li>✦ Right to reasonable visitation in accordance with prevailing rules and regulations.</li><li>✦ Right to decline care upon full disclosure of the consequences of such decisions.</li><li>✦ Right to decline or consent to participation in medical research, experimental procedures or clinical trials.</li><li>✦ Right to be informed about impending interruption or disengagement of services of primary or attending professionals responsible for patient's care.</li><li>✦ Right to quality care in accordance to prevailing standards.</li><li>✦ Right to express dissatisfaction regarding service and/or provider, including personnel changes and abuse.</li></ul> |
| <b>Patients' Responsibilities</b>   |
| <ul style="list-style-type: none"><li>✦ Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.</li><li>✦ Reporting unexpected changes in his or her condition to the health care provider.</li><li>✦ Reporting to the health care provider whether he or she understands a planned course of action and what is expected of him or her.</li><li>✦ Following the treatment plan recommended by the health care provider.</li><li>✦ Keeping appointments and, when unable to do so, notifying the health care provider or facility.</li><li>✦ His or her actions if treatment is refused or if the patient does not follow the health care provider's instructions.</li><li>✦ Making sure financial responsibilities are carried out.</li><li>✦ Following health care facility conduct rules and regulations.</li><li>✦ Every citizen has right to get basic information on patients' rights.</li></ul>   |

*What can I do if my right as a patient is beached or violated or I have a complaint or grievance?*

KECHEMA has established mechanisms for promoting and protecting patients' rights and will ensure that

1. Patients have the right to file complaints or grievances regarding their care and their decision to file complaints or grievances will not compromise the care they will receive; and that all information will be kept confidential.
2. The channels of reporting will allow all potential complainants to report their grievances.
3. There exists a process for capturing and addressing patients' complaints and grievances at all KECHEMA offices at the State, Zonal and LGA levels offices.
4. Accredited health facilities have a process for capturing and addressing patients' complaints and grievances
5. Accredited health facilities display **Notification of Patients' Rights** in strategic locations – areas of high visibility like OPD, ANC etc
6. Accredited health facilities display **Notification of Rights to Complaints**.
7. Accredited health facilities provide patients with the information on the different channels for reporting/filing complaints and grievances
8. All PHC facilities maintain grievance register and relevant tools to enable regular monitoring and evaluation of grievance reporting and resolution process.

## You Have the Right to Lodge a Complaint



*What Channels exist for reporting complaints and grievances?*



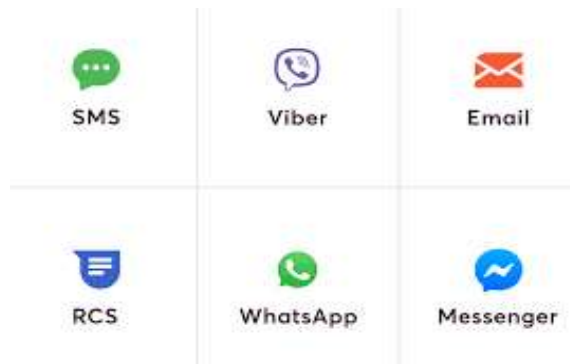
**Hospital Complaints Box  
Desk**



**Hospital Complaints  
Desk**



### Hospital Help lines mobile applications



### SMS reporting, email, other reporting tools and

- KECHEMA will ensure there is heterogeneous approach at local levels from:
  - i. complaint boxes
  - ii. relying in relationships of trust between patients and providers to voice complaints
  - iii. helplines,
  - iv. SMS reporting,
  - v. email addresses,
  - vi. online and offline reporting tools
  - vii. Mobile applications.
- Patients can also complain directly to the facility managers at the health facilities and institutions

### Grievance Call Centre (GCC)

#### *Is there a Grievance Call Centre?*

- KECHEMA will establish **Grievance Call Centre** at its headquarter with dedicated staff and phone numbers, possibly toll free.
- Grievance Call Centre will be an alternative channel for patients or their relatives to register their complaint about health service they receive or find out the status of their complaints.
- The call center will receive incoming calls from health consumers and effect appropriate transfers to relevant providers' helplines to address complaints and grievances and provide feedback through an established reporting system.
- There will also be other integrated platforms such as (i) Social media chat (ii) e- mails (iii) Short Message Services (SMS)/ Text messages.

***The agency maintains a call center 24/7. Enrollee is availed with the contacts at point of enrolment***

Diagram of Call Center



## SERVICES COVERED (BENEFIT PACKAGE)

### *What type of services am I entitled to under the Scheme?*

Services covered varies with the type of Health Plan. However, Basic Minimum Package of Health Services (BMPHS) include the following:

#### **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  |
|     | <ul style="list-style-type: none"> <li>i. Family planning excluding provision of commodities (Safe period, Pills, Condoms, etc)</li> <li>ii. Dental care</li> <li>iii. HIV/AIDS</li> <li>iv. Immunization</li> <li>v. Vitamin A supplementation</li> <li>vi. Promotion of essential nutrients for children and pregnant women</li> <li>vii. Promotion of personal, domestic and environmental hygiene, etc.</li> </ul>   |
| 3   | Primary Surgery  |
|     | <ul style="list-style-type: none"> <li>i. Minor Surgical Procedures: incision &amp; drainage, suturing of lacerations, minor burns, simple abrasions,</li> <li>ii. Minor wound debridement</li> <li>iii. Circumcision of male infants</li> <li>iv. Evacuation of impacted faeces</li> <li>v. Corrections of cases of simple polydactyl</li> <li>vi. Relief of urinary retention</li> </ul>   |
| 4   | Primary eye care including treatment of :  |
|     | <ul style="list-style-type: none"> <li>i. Conjunctivitis</li> <li>ii. Parasitic and allergic ailments</li> <li>iii. Simple contusion, abrasions, etc</li> </ul>  |
| 5   | Primary Paediatrics  |
|     | <ul style="list-style-type: none"> <li>i. Child Welfare Services-Growth monitoring, Routine immunization as defined by the NPHCDA, Vitamin A supplementation, Nutritional advice and health education, etc</li> <li>ii. Management of uncomplicated malnutrition</li> <li>iii. Treatment for Helminthiasis</li> <li>iv. Treatment of common childhood illnesses such as malaria, diarrhoeal disease, schistosomiasis, upper respiratory tract infections and uncomplicated pneumonia ,</li> <li>v. Urinary Tract Infections,</li> <li>vi. Simple otitis media, pharyngitis,</li> </ul> |



|    |  |
|----|--|
|    | <ul style="list-style-type: none"> <li>vii. Childhood exanthemas, simple skin diseases/infestations and other viral illnesses such as mumps</li> <li>viii. Other febrile illnesses as may be listed from time to time.</li> <li>ix. Treatment of anaemia not requiring blood transfusion.</li> </ul>   |
| 6  | Primary Internal Medicine(Adult)   |
|    | <ul style="list-style-type: none"> <li>A. Management of simple infections/infestations <ul style="list-style-type: none"> <li>i. Malaria</li> <li>ii. Respiratory tract infections</li> <li>iii. Urinary Tract Infections</li> <li>iv. Gastroenteritis</li> <li>v. Primary Ear ,Nose and Throat infections</li> <li>vi. Diarrheal diseases</li> <li>vii. Enteritis/ typhoid fever</li> <li>viii. schistosomiasis</li> <li>ix. Helminthiasis</li> <li>x. Skin infections/infestations such as Chicken pox and fungal diseases e.g Tinea vesicolor, Malassezia furfur, Tinea Capitis, etc</li> <li>xi. Emergency Management of Bites and Stings e.g Snakes, Scorpions, Bees, Spiders etc</li> <li>xii. Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses</li> </ul> </li> <li>B. Management of simple anaemia (not requiring blood transfusion)</li> <li>C. Screening &amp; referral for Diabetes Mellitus, Hypertensionand other chronic diseases</li> <li>D. Treatment of simple arthritis and other minor musculoskeletal diseases</li> <li>E. Routine management of sickle cell disease</li> <li>F. Allergies.</li> </ul> |
| 8  | HIV/AIDS/Sexual Transmitted Diseases <ul style="list-style-type: none"> <li>i. Voluntary Counseling and Testing (VCT)</li> </ul>   |
| 9  | Primary Emergency Psychiatry Management <ul style="list-style-type: none"> <li>i. Anxiety neurosis</li> <li>ii. Psychosomatic illnesses</li> <li>iii. Insomnia</li> <li>iv. Other illnesses as may be listed from time to time by the</li> </ul>   |
| 10 | Primary Dental Care Education (Preventive, and Promotive Oral care)  |
| 11 | Maternal, Neonatal and Child Health (MNCH) Services <ul style="list-style-type: none"> <li>a. Antenatal care <ul style="list-style-type: none"> <li>i. Routine Antenatal Clinic.</li> <li>ii. Routine drugs to cover duration of pregnancy</li> <li>iii. Routine urine and blood tests</li> <li>iv. Referral services for complicated cases</li> </ul> </li> </ul>   |

|    |   |
|----|---|
|    | <ul style="list-style-type: none"> <li>b. Postnatal services</li> <li>c. All eligible livebirths shall up to 6 weeks from date of birth.(Cord care, Eye care, Management of simple neonatal infections)</li> <li>d. Delivery services <ul style="list-style-type: none"> <li>i. Spontaneous Vaginal Delivery by skilled attendant including repair of birth injuries and episiotomy</li> <li>ii. Essential drugs for Emergency Obstetric care (EmOC)</li> </ul> </li> </ul>     |
| 13 | Emergency   |
|    | <p>The PHC is to offer First Aid treatment before referral.</p> <ul style="list-style-type: none"> <li>i. Establishing an intravenous line</li> <li>ii. Management of convulsion, coma, etc</li> <li>iii. Control of bleeding</li> <li>iv. Cardio-pulmonary resuscitation</li> <li>v. Assisted respiration (e.g. Ambu bag, etc.)</li> <li>vi. Immobilization of fractures (using splints, neck collars, etc)</li> <li>vii. Aspiration of mucus plug to clear airways</li> </ul> |
| 14 | <p>Basic laboratory investigations</p> <ul style="list-style-type: none"> <li>i. Malaria Parasite</li> <li>ii. Widal</li> <li>iii. Urinalysis</li> <li>iv. Hemoglobin</li> <li>v. Stool microscopy</li> <li>vi. Urine microscopy</li> <li>vii. Pregnancy Test</li> <li>viii. Blood Sugar Test</li> </ul>  |

| 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   |
|     | <ul style="list-style-type: none"> <li>A. HIV/AIDS <ul style="list-style-type: none"> <li>i. Treatment of complications requiring admission</li> </ul> </li> </ul> |
|     | A. Pediatrics  |

|    |   |
|----|---|
|    | <ul style="list-style-type: none"> <li>• 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,</li> <li>• Management of childhood non-communicable diseases such as Nephritis</li> <li>• Management of severe anaemia requiring blood transfusion</li> <li>• Management of neonatal infections-Neonatal sepsis,</li> <li>• Neonatal conditions such as birth Asphyxia, Neonatal jaundice, Management of child from Diabetic mothers</li> </ul>  |
|    | <p>C Internal medicine(Adult)</p> <p>a. Treatment of moderate to severe infections and infestations</p> <ul style="list-style-type: none"> <li>• Management of severe malaria</li> <li>• Management of meningitis, septicaemia</li> <li>• Management of complicated Respiratory Tract Infections</li> <li>• Management of complicated typhoid fever</li> </ul> <p>b. Management of non-communicable diseases</p> <ul style="list-style-type: none"> <li>• Management of complicated Diabetes and Hypertension</li> <li>• Management of Sickle cell disease</li> <li>• Treatment of severe musculoskeletal conditions</li> <li>• Treatment of cardiovascular conditions, renal diseases (such Nephritis, Nephrotic syndrome), Liver diseases (Hepatitis, Amoebic liver abscess).</li> <li>• Management of severe anaemia</li> </ul> <p>D Treatment of snake bites</p>  |
| 5. | <p>A. Basic and Comprehensive Emergency Obstetric Care</p> <ul style="list-style-type: none"> <li>• Management of Preterm/Pre-labour Rupture of Membrane (P/PROM)</li> <li>• Detection and management of hypertensive diseases in pregnancy</li> <li>• Management of bleeding in pregnancy</li> <li>• Management of Postpartum Hemorrhage</li> <li>• Eclampsia</li> <li>• Caesarian section</li> <li>• Operative Management for ectopic gestation</li> <li>• Management of intra-uterine fetal death</li> <li>• Management of puerperal sepsis</li> <li>• Instrumental deliveries</li> <li>• High risk deliveries – 1<sup>st</sup> deliveries, Beyond 4<sup>th</sup> deliveries, multiple deliveries, mal-positioning/mal-presentation and other complications,</li> </ul> <p>B Gynaecological Intervention</p> <ul style="list-style-type: none"> <li>• Bartholin cystectomy( Marsupialization)</li> <li>• Hysterectomy</li> <li>• Myomectomies</li> <li>• Colporrhaphies</li> </ul> |

|     |  |
|-----|--|
|     | <ul style="list-style-type: none"> <li>• Vaginoplasty</li> <li>• Ovarian cystectomy</li> </ul>   |
| 6.  | <p>Surgeries</p> <ul style="list-style-type: none"> <li>• Laparotomy for any cause</li> <li>• Intestinal Resection &amp; Anastomosis</li> <li>• Appendectomy</li> <li>• Hernia repair</li> <li>• Hydrocelectomy</li> <li>• Management of Testicular Torsion</li> <li>• Thyroidectomy</li> <li>• Management of Fractures excluding internal fixation</li> </ul> |
| 7   | <p>Dental care</p> <ol style="list-style-type: none"> <li>i. Amalgam filling</li> <li>ii. Simple and surgical tooth extraction</li> </ol>  |
| 8   | <p>Ophthalmology</p> <ul style="list-style-type: none"> <li>• Eye problems, e.g. major trauma, pterygium, glaucoma, cataract extraction and other simple ophthalmological surgical procedures</li> <li>• Removal of foreign bodies</li> <li>• Refraction, including provision of spectacles not exceeding N5000</li> </ul>                                     |
| 9   | <p>Ear, Nose &amp; Throat</p> <ol style="list-style-type: none"> <li>i. Antral wash-out</li> <li>ii. Foreign body removal</li> <li>iii. Surgical operations</li> <li>iv. Tonsillectomy,</li> <li>v. Polypectomy,</li> <li>vi. Tracheotomy</li> <li>vii. Adenoidectomy,</li> <li>viii. Myringotomy.</li> </ol>  |
| 10  | <p>Physiotherapy</p> <ul style="list-style-type: none"> <li>• Post-traumatic rehabilitation</li> <li>• Management of palsies within 15 days after initial treatment with a maximum of 5 sessions.</li> <li>• Post-Cerebrovascular Accident therapy within 15 days with a maximum of 5 sessions.</li> </ul>   |
| 11. | <p>Laboratory investigations at secondary level of care</p>  |
|     | <p>A.</p> <ul style="list-style-type: none"> <li>• Genotype</li> <li>• Lumber puncture</li> <li>• Urea/electrolyte/creatinine</li> </ul>   |

|    |   |
|----|---|
|    | <ul style="list-style-type: none"> <li>• Bilirubin (total and conjugated)</li> <li>• Ketone bodies</li> <li>• Microscopy/Culture/Sensitivity-Urine, Blood, stool, Sputum, Wound, Urethral, Ear, Eye, Throat, Aspirate, Cerebrovascular Spinal Fluid, Endoscopy Cervical Swab, High Vaginal Swab.</li> <li>• Occult blood in stool</li> <li>• Skin snip for microfilaria</li> <li>• Acid Fast Bacillus for Tuberculous Bacillus (sputum, Blood)</li> <li>• Gram stain</li> <li>• Mantoux test</li> <li>• Blood groupings/Cross matching</li> <li>• Hepatitis B surface Antibody screening</li> <li>• Confirmatory test for HIV</li> <li>• Full Blood Count</li> <li>• Platelets/Reticulocyte count</li> <li>• Platelets concentration</li> <li>• Blood transfusion services for up to 3 Pints of Blood.</li> </ul> |
|    | <p>B</p> <ul style="list-style-type: none"> <li>• Radiology–X-ray of chest, Abdomen, Skull &amp;Extremities, Dental X-rays,</li> <li>• Abdominopelvic &amp; obstetric scan</li> </ul>   |
| 12 | Other Services as may be listed from time to time   |

**PARTIAL EXCLUSIONS:**

The following services will be covered provided the enrollee pays a copayment of 50%. The agency would pay the remaining 50%:

1. Dialysis for acute renal failure (maximum 6 sessions) in a year
2. Upper and lower GIT endoscopy
3. High technology investigations e.g CT scan, MRI
4. Fluoroscopy
5. Barium meal and barium enema
6. Retrograde urography (RUG)
7. Intravenous Pyelography (IVP)

## **TOTAL EXCLUSIONS:**

The following services are not covered by the agency:

1. Occupational/industrial injuries to the extent covered under the workmen compensation Act.
2. Injuries resulting from Natural disaster e.g Earthquakes, landslides, wars
3. Epidemics
4. Family planning commodities, including condoms
5. Injuries arising from extreme sports, e.g car racing, house racing, polo, mountaineering, boxing and wrestling
6. Drug abuse /addiction
7. Domiciliary care
8. Mammoplasty
9. Anti-tuberculosis
10. Provision of contact lens
11. Treatment of congenital abnormalities requiring advanced surgical procedures e.g TOF, ASD, VSD
12. Artificial insemination
13. Dental crowns and bridges, bleaching and implants
14. Post mortem examination

## **PICTURE GALLERY:**



**KECHEMA and IHP USAID Engaged with Traditional Institutions on SHIS**



**His Excellency, The Executive Governor of Kebbi State – Distinguished Senator Abubakar Atiku Bagudu Flags off KECHES on 6<sup>th</sup> November 2020**



**Visible Impact of BHC PF/KECHES in Participating PHC facilities**



**Evidence of Sustainable Supply of Commodities At the PHC Level**





**Vulnerable women and Children being Enrolled into the BHCPF/KECHES Program**