

## SOKOTO STATE CONTRIBUTORY HEALTH CARE MANAGEMENT AGENCY

### BENEFIT PACKAGE

S/N	Thematic Area	Disease/Clinical Condition	Services covered at primary level of care	Services covered at secondary level of care	Partial Exclusions	Total Exclusions
1	<b>Health prevention and promotion</b>	<b>Family planning</b>	<ol style="list-style-type: none"> <li>Family planning education</li> <li>Provision of oral contraceptives and injectable only</li> </ol>			
2		<b>Immunization</b>	<ol style="list-style-type: none"> <li>All vaccines in the EPI schedule including Vitamin A Supplementation</li> </ol>			<ol style="list-style-type: none"> <li>All immunizations not in the EPI schedule</li> </ol>
3		<b>HIV/AIDS</b>	<ol style="list-style-type: none"> <li>HIV/AIDS Counseling and testing</li> <li>Treatment of simple opportunistic infections, like pneumonia and diarrhea</li> </ol>	<ol style="list-style-type: none"> <li>Provision of ART, PMTCT</li> </ol>		<ol style="list-style-type: none"> <li>Treatment of severe complications of AIDS like Kaposi's sarcoma, Pneumocystis carinii Pneumonia etc.</li> </ol>
4	<b>Maternal and child health</b>	<b>Antenatal Care</b>	<ol style="list-style-type: none"> <li>Consultation by skilled healthcare worker</li> <li>2 two Ultrasound scans</li> <li>Urinalysis for protein</li> <li>Screening for malaria, HIV, Syphilis,</li> <li>PCV,</li> <li>IPT for malaria prophylaxis</li> <li>Hematinic</li> <li>Health education</li> <li>Referral to secondary level if need arises</li> </ol>	<ol style="list-style-type: none"> <li>Additional ultrasound scans ONLY when medically indicated</li> <li>Hepatitis B surface Antigen</li> </ol>		
5		<b>Labor &amp; Delivery Care</b>	<ol style="list-style-type: none"> <li>Delivery under a skilled birth attendant</li> </ol>	<ol style="list-style-type: none"> <li>Assisted vaginal delivery</li> </ol>	<ol style="list-style-type: none"> <li>A 60% copayment is applicable to a</li> </ol>	<ol style="list-style-type: none"> <li>For blood transfusion enrollee is to</li> </ol>

		<ol style="list-style-type: none"> <li>2. Monitoring of labor using partograph,</li> <li>3. Provision and repair of episiotomy,</li> <li>4. IV/IM Antibiotics</li> <li>5. IV/IM Oxytocic's</li> <li>6. IV/IM Anticonvulsants,</li> <li>7. Manual removal of placenta</li> </ol>	<ol style="list-style-type: none"> <li>2. Removal of retained products of conception</li> <li>3. Essential new-born care,</li> <li>4. Emergency Caesarean Sections</li> <li>5. Blood Transfusion</li> <li>6. Multiple gestation/ High risk pregnancies</li> </ol>	<p>woman who has delivered more than 4 live births, under the scheme</p>	<p>provide his own blood or donor, agency covers the cost of grouping and cross matching and other ancillary services</p>
<b>6</b>	<b>Post-Partum Care</b>	<ol style="list-style-type: none"> <li>1. Provision of antibiotics/drugs as stipulated in the SOCHEMA essential drug list</li> <li>2. Consultation by health care provider</li> <li>3. Laboratory investigations as contained in the SOCHEMA benefit package</li> <li>4. Management of simple post natal infections</li> </ol>	<ol style="list-style-type: none"> <li>1. Management of Mastitis</li> <li>2. Postpartum hemorrhage,</li> <li>3. Puerperal sepsis</li> </ol>		<ol style="list-style-type: none"> <li>1. Puerperal psychosis</li> </ol>
<b>7</b>	<b>New-born and Child Care</b>	<ol style="list-style-type: none"> <li>1. Essential new-born care</li> <li>2. Keep baby dry &amp; warm,</li> <li>3. Clean cut &amp; care of umbilical cord,</li> <li>4. Resuscitate baby not breathing well,</li> </ol>	<ol style="list-style-type: none"> <li>1. Anemia,</li> <li>2. Neonatal Jaundice,</li> <li>3. Neonatal asphyxia,</li> <li>4. Neonatal sepsis/seve</li> </ol>		<ol style="list-style-type: none"> <li>1. Exchange blood transfusion</li> <li>2. Incubator care for preterm babies</li> </ol>

			<ol style="list-style-type: none"> <li>5. Initiate breast feeding in 1st hour of life,</li> <li>6. Newborn care for a period of six weeks only</li> <li>7. Malnutrition excluding provision of RUTF</li> </ol>	<ol style="list-style-type: none"> <li>re skin or cord infection,</li> <li>5. Neonatal Tetanus</li> </ol>	<ol style="list-style-type: none"> <li>3. Provision of RUTF</li> </ol>
<b>8</b>	<b>Management infections/infestations</b>	<b>Malaria</b>	<ol style="list-style-type: none"> <li>1. Rapid diagnostic test for malaria</li> <li>1. Provision of ACTs for adults and children</li> <li>2. Education on malaria prevention</li> <li>3. Consultation by health care provider</li> </ol>	<ol style="list-style-type: none"> <li>1. Management of severe malaria</li> <li>2. Consultation by a specialist</li> </ol>	
<b>9</b>		<b>Respiratory tract infections</b>	<ol style="list-style-type: none"> <li>1 Provision of antibiotics oral and IV as stipulated in the SOCHEMA essential drug list</li> <li>2 Management of simple pneumonia</li> <li>3 URTI/LRTI</li> <li>4 Management of simple Asthma</li> <li>5 Consultation by health care provider</li> <li>6 Radiological investigations as contained in the approved SOCHEMA benefit package</li> </ol>	<ol style="list-style-type: none"> <li>1. Acute Bronchits</li> <li>2. Severe Asthmatic attack</li> <li>3. Pneumonitis, Pleural Effusion,</li> <li>4. Complicated Pneumonia,</li> </ol>	<ol style="list-style-type: none"> <li>1. Management of Tuberculosis</li> </ol>
<b>10</b>		<b>Urinary Tract Infections</b>	<ol style="list-style-type: none"> <li>1. Provision of antibiotics oral and IV as stipulated in the SOCHEMA essential drug list</li> <li>2. Consultation by health care provider</li> <li>3. Laboratory investigations as contained in the SOCHEMA benefit package</li> </ol>		

11	<b>Gastroenteritis/Diarrheal diseases/Enteritis</b>	<ol style="list-style-type: none"> <li>1. Provision of antibiotics oral and IV as stipulated in the SOCHEMA essential drug list</li> <li>2. Consultation by health care provider</li> <li>3. Laboratory investigations as contained in the SOCHEMA benefit package</li> <li>4. IV rehydration with approved IV fluids as contained in the SOCHEMA essential drug list</li> <li>5. Provision of Zinc ORS</li> </ol>	1. Typhoid psychosis	
12	<b>ENT</b>	<b>Primary Ear Nose and Throat infections</b>	<ol style="list-style-type: none"> <li>1. Provision of antibiotics oral and IV and topical as stipulated in the SOCHEMA essential drug list</li> <li>2. Consultation by health care provider</li> <li>3. Laboratory investigations as contained in the SOCHEMA benefit package</li> <li>4. Treatment limited to acute otitis media, conjunctivitis and foreign body removal</li> </ol>	1. Chronic otitis media
13	<b>Skin infections/infestations</b>	<ol style="list-style-type: none"> <li>1. Provision of antibiotics/drugs as stipulated in the SOCHEMA essential drug list</li> <li>2. Consultation by health care provider</li> <li>3. Laboratory investigations as contained in the SOCHEMA benefit package</li> <li>4. Coverage limited to atopic and non atopic dermatitis, Tinea vesicolor, Tinea capitis and scabies only</li> </ol>	1. Specialized dermatological investigations	

14	<b>Management of Schistosomiasis and Helminthiasis</b>	<ol style="list-style-type: none"> <li>1. Drug administration as contained in the SOCHEMA essential drug list</li> <li>2. Stool and other laboratory investigations as contained in the benefit package</li> <li>3. Consultation by primary health care provider</li> <li>4. Deworming tablets as contained in the SOCHEMA essential drug list</li> </ol>	
15	<b>Allergies/bites and stings</b>	<ol style="list-style-type: none"> <li>1. Drug administration as contained in the SOCHEMA essential drug list</li> <li>2. Consultation by primary health care provider</li> <li>3. Services limited to common allergies</li> <li>4. Scorpion, bee sting, dog bite and snake bites</li> </ol>	<ol style="list-style-type: none"> <li>1. Provision of anti-snake venom and anti-rabies,</li> <li>2. Provision of anti-snake venom and anti-rabies, where a 60% copayment shall apply on the enrollee</li> </ol>
16	<b>Non communicable diseases</b>	<b>Cardiovascular diseases</b> <ol style="list-style-type: none"> <li>1. Management of uncomplicated hypertension (using specified drugs as contained in the SOCHEMA guideline)</li> </ol>	<ol style="list-style-type: none"> <li>1, Heart Failure (using specified drugs as contained in the SOCHEMA guideline only)</li> </ol>
	<b>Endocrine diseases</b>	<ol style="list-style-type: none"> <li>1. Diabetes Mellitus management with simple drugs as contained in the</li> </ol>	<ol style="list-style-type: none"> <li>1. Diabetic Ketoacidosis,</li> </ol>

		SOCHEMA list of essential drugs)	2. Hypo/Hyperglycaemia,	
17	<b>Hematological diseases</b>	1. Sickle cell diseases limited to routine management and provision of basic drugs	1. Management of Sickle cell crises	1. Bone Marrow Transplant and other advanced management procedures
18	<b>Gynecology</b>	1. MVA/Uterine Evacuations with medical indications	1. Hysterectomy 2. Myomectomies 3. Management of ectopic gestation	
19	<b>Surgery</b>	<b>General Surgery</b>	1. Circumcision for 0 -7years 2. Cellulitis and abscess drainage 3. Incision and drainage of abscess 4. Minor wound debridement 5. Surgical repairs of simple lacerations 6. Drainage of paronychia 7.	1. Circumcision after 7years of age 2. All other surgical procedures not mentioned
			1. Laparotomy 2. Lump excision 3. Perforations repair 4. Herniorrhaphy 5. Foreign body removal 6. Scrotal Hydrocele 7. Appendectomy 8. Mastectomy	

20	<b>Orthopedics</b>	1. Repair of fractures and dislocations 2. Cast application 3. Knee tap	1. Open reduction and internal fixation
21	<b>Ophthalmology</b>	Treatment of : 1. Eye check 2. Conjunctivitis 3. Parasitic and allergic ailments 4. Simple contusion, abrasions, etc. 5. Removal of foreign bodies 6. Simple contusion, abrasions,	1. Cataract.      1. retinal replacement
22	<b>Dental</b>	1. Dental check, 2. Scaling and polishing, 2.Replacement of maximum of four dentures	1. Maximum of two root canal treatment
23	Laboratory <b>Haematology</b>	1. Hb.PCV (Haematocrit) 2. Blood typing and cross matching,	1. Erythrocyte Sedimentation 2. Rate (ESR), 3. Full blood count, Bleeding and clotting times
24	<b>Microbiology</b>	1. Malaria RDT, MPS 2. Urine microscopy, culture and sensitivity	1. Blood Culture
25	<b>Clinical Chemistry</b>	1. Hepatitis B & C, 2. Blood glucose, RBS/FBS	1. U and E, Cr 2. LFT  1. CD4 testing 2. Viral load

		<ol style="list-style-type: none"> <li>3. HIV Test,</li> <li>4. Proteinuria and Glycosuria,</li> <li>5. Pregnancy Test,</li> </ol>	
26	<b>Radiology</b>	<ol style="list-style-type: none"> <li>1. X-ray of chest, Abdomen, Skull &amp; Extremities, and other plain X-rays,</li> <li>2. Abdomino pelvic uss</li> <li>3. Obstetric and gynecological scan</li> </ol>	<ol style="list-style-type: none"> <li>1. Electrocardiogram (ECG)</li> </ol>
27.	<b>Accident and Emergency</b>	<ol style="list-style-type: none"> <li>1. First Aid treatment for resuscitation including provision of oxygen,</li> <li>2. Simple sutures and dressings of wound</li> <li>3. Passage of urethral catheter</li> <li>4. Establishing an intravenous line</li> <li>5. Management of convulsion</li> <li>6. Control of bleeding</li> <li>7. Cardio-pulmonary resuscitation</li> <li>8. Immobilization of fractures using splints, neck collars, to ease transportation of patients</li> <li>9. Aspiration of mucus plug to clear airways</li> <li>10. Asthmatic Attacks</li> <li>11. Pain and other medications as contained in the SOCHEMA essential drugs list</li> <li>12. Any other procedure that may be life saving</li> </ol>	<ol style="list-style-type: none"> <li>1. Management of simple fractures/ Application of casts</li> <li>2. Nebulization</li> <li>3. Provision of oxygen</li> </ol>



**Note**

1. All live births eligible to cover will be covered during the post-natal period of 6 weeks from the date of delivery after which the parents must register the child for care.
2. All preterm/premature babies eligible to cover shall be covered for twelve (12) weeks from the date of delivery

DRAFT