

NIGERIA PSBI Implementation

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13 June 2018

Overview of the status of PSBI implementation

- Policy dialogue and orientation meeting by FMOH and stakeholders on available evidence
- objectives
 - Review evidence
 - Decision on implementation strategy
 - Selection of treatment options for When referral is not Possible

Overview of the status of PSBI implementation

- Key Decision
 - Level of implementation of PSBI at the closet level to home
 - PSBI should be integrated within exiting strategies
 - CBNC
 - ENCC
 - IMCI
- Geographical areas covered
 - Implementation at country wide level
- Main activities
 - Review of these packages to incorporate PSBI
 - Both ENCC and IMCI Packages reviewed to include PSBI
 - Orientation of trained Health workers and Trainers on the incorporation of PSBI into ENCC and IMCI

Community or household level

- Community Oriented Resource Persons (CORPs) counsel families with sick newborns for assessment at PHCs
 - Set back – CORPs not available in all communities country wide

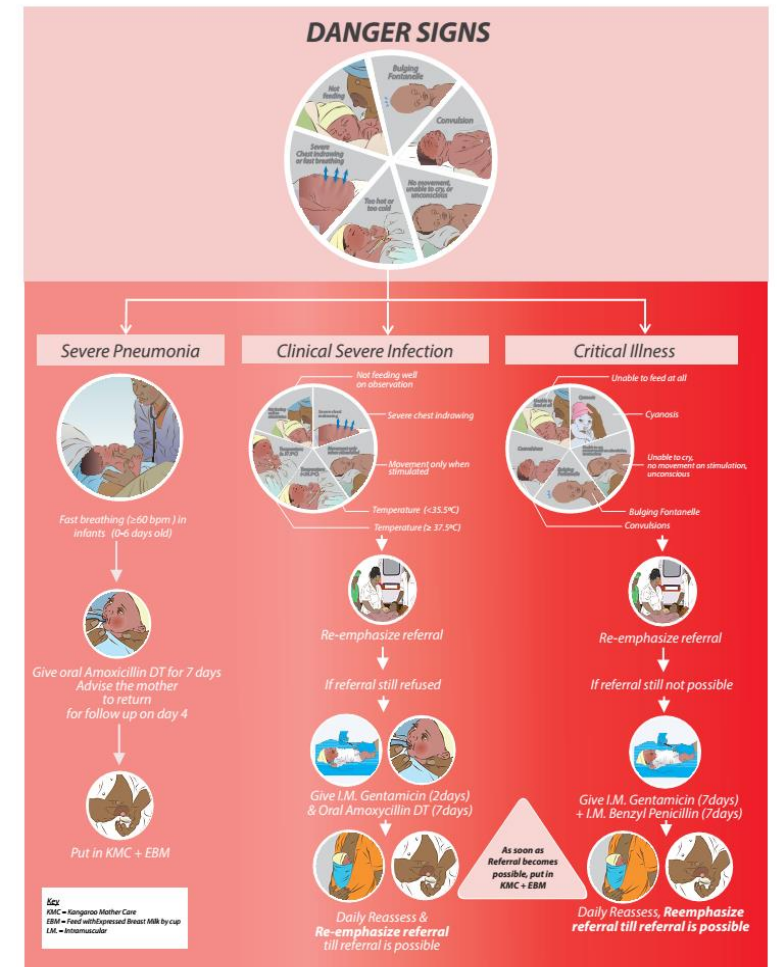
Primary health care level

- Families of sick newborns self present to the Primary Health care facilities or referred by CORPs in the Communities
 - Health workers assess using IMCI
 - Newborns with PSBI are counsel for referral
- When referral is not feasible
 - Health worker use “Where is not possible section of the young infant IMCI” to manage the newborn
- Health workers attending to deliveries either at PHC facilities or at home in the communities using the ENCC skills identify newborns with Danger signs and refer
 - When referral is not feasible, use the action plan of where referral is not possible to manage the newborn

REVISED IMCI and ENCC PACKAGES

WHERE REFERRAL IS REFUSED OR NOT POSSIBLE, FURTHER ASSESS AND CLASSIFY THE SICK YOUNG INFANT WITH POSSIBLE SERIOUS BACTERIAL INFECTION OR VERY SEVERE DISEASE

Assess	Classify	Identify Treatment
<p>Young infant has any of the following:</p> <ul style="list-style-type: none"> • Convulsions • Unable to feed at all • No movement on stimulation • Bulging anterior fontanelle • Unable to cry • cyanosis 	CRITICAL ILLNESS	<ul style="list-style-type: none"> ➢ Give first dose of both Benzyl Penicillin and gentamicin intramuscularly ➢ Explain to the caregiver that the infant is very sick and needs urgent referral for hospital care ➢ Treat to prevent low blood sugar ➢ Teach the mother how to keep the young infant warm on the way to the hospital. ➢ Refer URGENTLY to hospital ➢ If referral is still not possible, continue treatment with daily IM gentamicin and twice-daily IM benzyl penicillin until referral is possible
<p>Young infant has any of the following:</p> <ul style="list-style-type: none"> • Not feeding well on observation • Temperature 37.5°C or more • Temperature less than 35.5°C • Severe chest indrawing • Movement only when stimulated 	SEVERE CLINICAL INFECTION	<ul style="list-style-type: none"> ➢ Explain to the caregiver that the infant is very sick and needs urgent referral for hospital care ➢ Treat to prevent low blood sugar ➢ Teach the mother how to keep the young infant warm on the way to the hospital. ➢ Refer URGENTLY to hospital ➢ If referral is not possible, <ul style="list-style-type: none"> ➢ Treat at outpatient clinic with daily intramuscular gentamicin* and oral amoxicillin ➢ Teach the mother how to give the oral amoxicillin twice daily ➢ Advise mother to return for the next injection tomorrow. ➢ Treat also for any other classifications that the young infant has ➢ Reassess the young infant at each visit (see Follow-up Care)
<p>Young infant has:</p> <ul style="list-style-type: none"> • Fast breathing (60 breaths per minute or more) in infants less than 7 days old 	SEVERE PNEUMONIA	<ul style="list-style-type: none"> ➢ Give oral amoxicillin for 7 days ➢ Teach the mother how to give the oral amoxicillin twice daily ➢ Treat also for any other classifications that the young infant has ➢ Advise the mother to return for follow up on day 4



Referral

- Referral of critically ill neonate and young infants is by family arrangement for transport.
- At the community and Primary Health care level, ambulance services are seldom available

Stakeholder collaboration

- Stakeholders collaboration is coordinated through the Health Partners Forum, which is situated in Department of Planning, research and statistics, Federal Ministry of Health Abuja.
- All partners activities and experience sharing and problem solving are discussed at this forum

Health systems strengthening

- General Health system strengthening for child survival, not specific for PSBI as PSBI. is incorporated into the existing child survival strategies

Challenges

- Training for both ENCC and the IMCI is dependent on donor support across the country.
- The few states supported with training will have inadequate and poorly motivated staffs at the PHC levels for effective implementation of where referral is not possible
- Poor support for referral of neonates with critical illness