



NIGERIAN URBAN REPRODUCTIVE  
HEALTH INITIATIVE

# Referral Manual

September 2012

# Table of Contents

<b>Introduction .....</b>	<b>3</b>
<b>A. Community Level Referral .....</b>	<b>4</b>
i. Community level Referral: Social Mobilizers.....	4
ii. Community level Referral: Non-clinical Providers .....	4
<b>B. Facility Level Referral.....</b>	<b>5</b>
i. Inter-facility Referral: FP Service Provider .....	5
ii. Intra-facility Referral .....	5
iii. <i>Intra-facility Referral: Delivery and Post-Abortion Care/MVA unit.....</i>	<i>5</i>
iib. <i>Intra-facility Referral - Immunization and HIV units.....</i>	<i>6</i>
<b>C. Collation and Analysis of Referrals .....</b>	<b>6</b>
<b>Appendices .....</b>	<b>7</b>
Appendix A: Know, Talk, Go Card .....	8
Appendix C: HMIS Referral Form.....	10
Appendix D: Referral Log Sheet.....	11
Appendix E: NURHI Referral Flow.....	12
Appendix F: Roles and Responsibilities .....	13
Appendix G: Referral Structure .....	14

## **Introduction**

The Nigeria Urban Reproductive Health Initiative (NURHI) is a five- year project (2009-2014) funded by the Bill and Melinda Gates Foundation to reduce barriers to family planning/ child birth spacing use and increase the contraceptive prevalence rate in selected urban areas of Nigeria. It is very important that clients' referral is strengthened to ensure that individuals who need family planning get access the services, and best practices for managing referral linkages are applied. The project maintains a structured and organized system of collecting, aggregating and reporting data at different organizational levels. The sources of the information are NURHI supported facilities throughout the four focus cities and the expansion sites. These facilities may be public, non-government or private, and include primary health institutions (health clinics, primary health centers, maternity hospitals etc), secondary health institutions (general hospitals, district hospitals etc), tertiary institutions (teaching hospitals, federal medical centers etc), and non-clinical sites (Pharmacies and Patent Medicine Vendors). Referral data from these health institutions pass through the same organized structure, and at every stage of the structure the integrity of data needs to be assessed and addressed. This manual applies to NURHI referral model. Presently, the project operates in 6 cities within 4 states and the FCT. This document describes management procedures for the referral system, timelines and responsibilities at every stage of the data collection and reporting cycle.

## **A. Community Level Referral**

### ***i. Community level Referral: Social Mobilizers***

The “GO” card (Appendix A) is the tool deployed for use at the community by social mobilizers to refer community members to both clinical and non-clinical sites. To target new acceptors and promote wide range of method choices at first visit, it is important to emphasize that social mobilizers refer only to clinical HVS.

1. Identify and talk to community members about Family Planning (DO NOT COUNSEL).
2. Refer interested clients to a HVS using the GO referral card
3. The social mobilizers complete the Triplicate “Know, Talk, GO” Cards.
4. The mobilizers give the client the Talk and GO card while he/she retains the Know copy.
5. The client takes the Talk, GO card to the HVS service delivery point.
6. The service provider receives the Talk and Go cards, provide the service and drop the Talk, and Go cards in the referral box.
7. The NYSC supporting officers retrieves the Talk and GO card, keep the Talk card with the facility for records, and take away the GO card for analysis.
8. SM/NGOs follow up on referred client that did not complete the referral.

### ***ii. Community level Referral: Non-clinical Providers***

The NURHI referral and feed back form (Appendix B) is the tool deployed for use by non-clinical providers (PMVs and Pharmacies) to refer clients to clinical sites only. The activities include

1. Counsel and refer walk in clients and those referred by SM on request.
2. Refer interested clients to a HVS using the non-clinical referral and feed back form
3. The non-clinical provider completes the Triplicate “non-clinical referral and feed back” form
4. The non-clinical provider gives the client the two copies of the completed forms while he/she retains the third copy.
5. The client takes the two completed forms to NURHI supported HVS.
6. The service provider receives the two forms and completes the part below as a feedback to the referring facility, provide the service and drop the completed forms in the referral box.
7. The M&E officer retrieves the two completed forms and “GO” cards if any, keep a copy with the facility for records, and take away duplicate copy for analysis.

## **B. Facility Level Referral**

### ***i. Inter-facility Referral: FP Service Provider***

The Triplicate HMIS referral form (Form A, B and C) (Appendix C) is the tool deployed for use by clinical service providers who cannot provide a service and refers clients to a higher level. The activities include:

1. The referring facility fills Form A and B
2. Form C is left blank and Name of referring facility is filled at top of Form C
3. The filled Form A and B are dropped in the referral box by the service provider
4. The M&E officer retrieves the Form B&C from the referral box, keep form B in a plastic envelop for the record of the receiving facility and takes away form C for analysis and feedback to the referring facility.

### ***ii. Intra-facility Referral***

#### **ii.a. Intra-facility Referral: Delivery and Post-Abortion Care/MVA unit**

A. The Triplicate HMIS referral form (Form A, B and C) is a tool also deployed for use by clinical service providers within a facility from Labour and Delivery (LD) and Post-Abortion Care (PAC) Units to the FP unit. A colored plastic bag/folder (Red for PAC and Yellow for LD) would be provided to these units by NURHI.

The activities include:

1. The referring unit (PAC and LD) fills Form A and B
2. Form C is left blank and the referring unit is written at the top of Form C
3. The filled Form A and B is and keep in the plastic folder that would be provided by NURHI. All forms from PAC are kept in a red plastic bag while forms from LD are kept in a yellow plastic bag.
4. The M&E officer retrieves the Forms B and C, keeps form B with the facility for records, and takes away form C for analysis and feedback to the referring unit.

### **iib. Intra-facility Referral - Immunization and HIV units**

Due to the large number of clients at these units, rather than deploying the conventional referral tools, PLASTIC TALLY CARDS would be used. The referring units (Immunization and HIV units) are supplied with colored plastic tally cards (Green for immunization unit and Blue for HIV unit) and the FP unit is supplied with a colored Tally collecting plastic bag/folder, a colored intra-facility referral log-sheet (Appendix D) attached to the plastic bags/folders to indicate the total numbers of tally at daily or weekly basis. The activities include:

1. The service providers at either immunization or HIV unit refer clients by giving the color-coded plastic tally cards to the FP unit
2. The service provider at the FP unit receives the tally and drops it in the color-coded plastic bag/folder
3. Depending on the client flow at the FP unit, the Intra-facility Referral log-sheet can either be filled on a daily or weekly basis by the service provider at the FP unit
4. The QISS officers retrieve the tally cards from the sentinel sites on weekly basis and biweekly from all other sites and return back to either immunization or HIV unit based on the colors of the tally cards.
5. The M&E officer retrieves the Intra-facility referral log-sheet for analysis

## **C. Collation and Analysis of Referrals**

The M&E officer empties the content of the box 5<sup>th</sup> day of every month and detach “KNOW” card from “GO” card, counts the “KNOW” card, staple and files in a plastic bag/folder. Also, the Non-Clinical Referral Forms are counted, the HMIS Referral form is segregated by inter and intra facility and also counted.

For the Non-Clinical Referral Form and “GO” card if any from non-clinical providers, M&E is supported by NYSC who collects these forms and submits to M&E officer.

The intra-facility referral log-sheet used to collate the total number of Tally cards are collected by QI/SS officer and submitted to M&E officer

# Appendices

## Appendix A: Know, Talk, Go Card

### Front View



### Back View

<p>_____ Client Name:</p> <p>_____ Soc. Mob. Name:</p> <p>_____ FPPN Name:</p> <p>_____ FPPN Address:</p> <p><b>NGO</b></p>	<p>_____ Client Name:</p> <p>_____ Soc. Mob. Name:</p> <p>_____ FPPN Name:</p> <p>_____ FPPN Address:</p> <p>_____ Client Mobile No.:</p> <p><b>FPPN</b></p>	<p>_____ Client Name:</p> <p>_____ Soc. Mob. Name:</p> <p>_____ Soc. Mob. Address:</p> <p>_____ FPPN Name:</p> <p>_____ Date:</p> <p>_____ Client Mobile No.:</p> <p><b>Social Mobilizer</b></p>
---	--	--



**Appendix B: Non-Clinical Referral and Feedback form**

**NON-CLINICAL REFERRAL AND FEED BACK FORM**

State: \_\_\_\_\_ LGA: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Facility Unique No: \_\_\_\_\_

DATE REFERRED: .....

CLIENT NAME AND PHONE NUMBER: .....

CLIENT GENDER (MALE/FEMALE): .....

REFERRED TO (NAME OF UNIT/FACILITY): .....

NAME AND PHONE NO OF PERSON REFERRING: .....

SIGNATURE OF PERSON REFERRING: .....

**Information below to be filled in by receiving facility**

DATE CLIENT RECEIVED:.....

SERVICE PROVIDED (YES OR NO): .....

TYPE OF SERVICE(S) PROVIDED: .....

NAME OF FACILITY, UNIQUE NO. & STAFF RECEIVING CLIENT.....

PHONE NO OF PERSON RECEIVING CLIENT: .....

SIGNATURE OF PERSON RECEIVING CLIENT: .....

## Appendix C: HMIS Referral Form

<p>NHMIS/COMM/REF HEALTH MANAGEMENT INFORMATION SYSTEM</p> <p>PRIMARY HEALTH CARE</p> <p>REFERRAL SLIP</p> <p>1. NAME OF HEALTH FACILITY.....</p> <p>2. PATIENT No.....3. S/No.....</p> <p>4. DATE.....</p> <p>5. NAME OF PATIENT.....</p> <p>6. AGE.....7. SEX (M/F).....</p> <p>8. ADDRESS.....</p> <p>.....</p> <p>9. COMPLAINTS.....</p> <p>.....</p> <p>10. FINDINGS ON EXAMINATION.....</p> <p>.....</p> <p>11. INVESTIGATION DONE, IF ANY.....</p> <p>.....</p> <p>12. PROVISIONAL DIAGNOSIS.....</p> <p>.....</p> <p>13. NAME OF OFFICER.....</p> <p>14. DESIGNATION.....15. SIGNATURE.....</p> <p>16. DATE.....</p>	<p>NHMIS/COMM/REF HEALTH MANAGEMENT INFORMATION SYSTEM</p> <p>PRIMARY HEALTH CARE</p> <p>REFERRAL SLIP</p> <p>1. NAME OF HEALTH FACILITY.....</p> <p>2. PATIENT No.....3. S/No.....</p> <p>4. DATE.....</p> <p>5. NAME OF PATIENT.....</p> <p>6. AGE.....7. SEX (M/F).....</p> <p>8. ADDRESS.....</p> <p>.....</p> <p>9. COMPLAINTS.....</p> <p>.....</p> <p>10. FINDINGS ON EXAMINATION.....</p> <p>.....</p> <p>11. INVESTIGATION DONE, IF ANY.....</p> <p>.....</p> <p>12. PROVISIONAL DIAGNOSIS.....</p> <p>.....</p> <p>13. NAME OF OFFICER.....</p> <p>14. DESIGNATION.....15. SIGNATURE.....</p> <p>TO.....</p> <p style="font-size: small;">PLEASE KEEP THIS COPY</p>	<p>NHMIS/COMM/REF HEALTH MANAGEMENT INFORMATION SYSTEM</p> <p>PRIMARY HEALTH CARE</p> <p>REFERRAL SLIP</p> <p>1. NAME OF HEALTH FACILITY.....</p> <p>2. PATIENT No.....3. S/No.....</p> <p>4. DATE.....</p> <p>5. NAME OF PATIENT.....</p> <p>6. AGE.....7. SEX (M/F).....</p> <p>8. ADDRESS.....</p> <p>.....</p> <p>9. MAJOR PROBLEMS IDENTIFIED.....</p> <p>.....</p> <p>10. INVESTIGATION DONE.....</p> <p>.....</p> <p>11. DIAGNOSIS.....</p> <p>12. TREATMENT.....</p> <p>.....</p> <p>13. FOLLOW UP.....</p> <p>.....</p> <p>14. NAME OF OFFICER.....</p> <p>15. DESIGNATION.....16. SIGNATURE.....</p> <p style="font-size: small;">PLEASE RETURN THIS COPY TO REFERRING OFFICER</p>
--	---	--

**Appendix D: Referral Log Sheet**

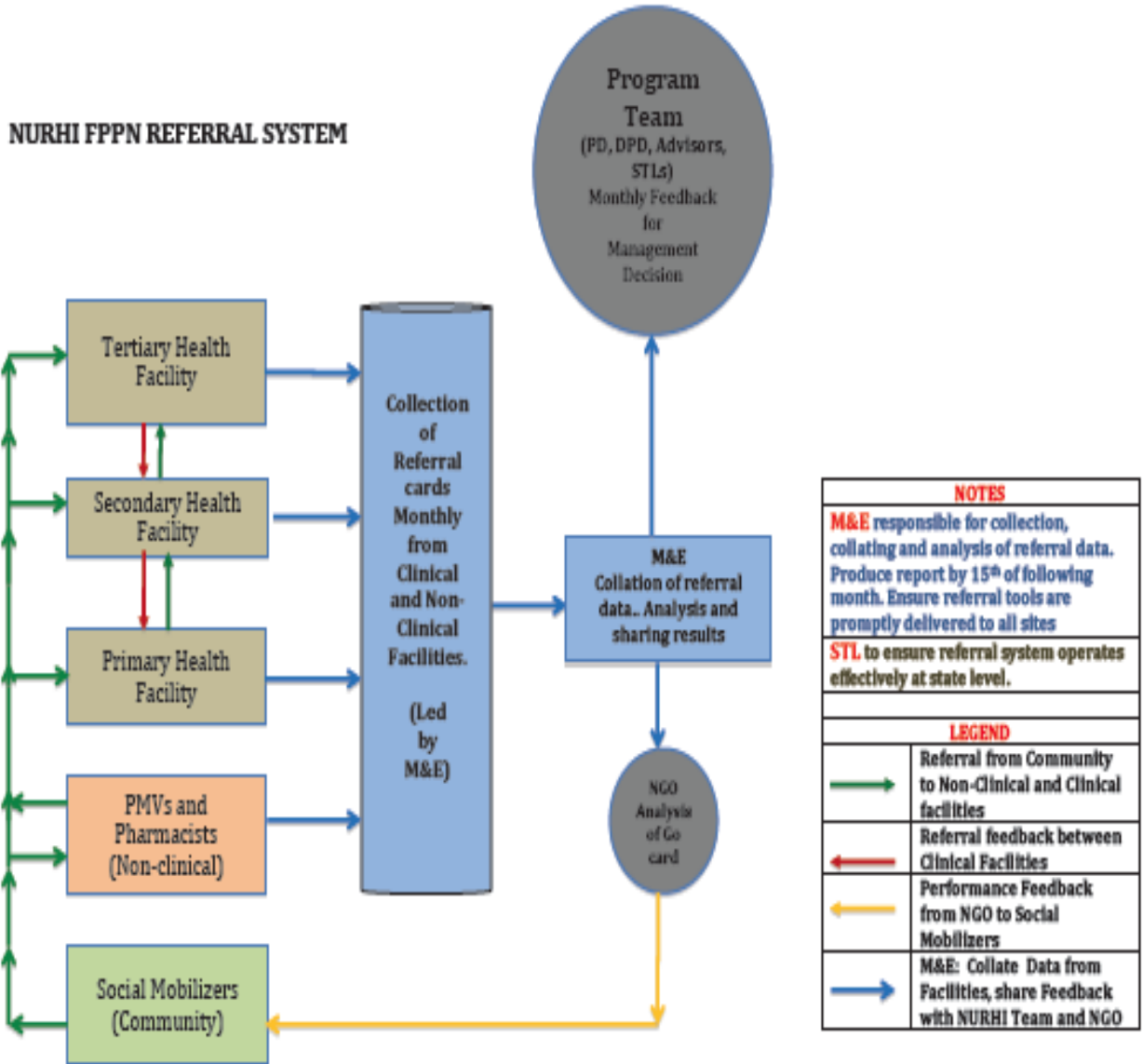
Intra-Facility Referral Log

Facility Name \_\_\_\_\_

Month/Year \_\_\_\_\_

S/No	Date	Number per day	Number per week
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

**Appendix E: NURHI Referral Flow**



## Appendix F: Roles and Responsibilities

<b>NURHI REFERRAL SYSTEM, CLARIFICATION OF ROLES AND RESPONSIBILITIES</b>			
<b>S/NO</b>	<b>ACTION (S)</b>	<b>PERSON (S) RESPONSIBLE</b>	<b>LEAD</b>
1.	DEVELOPMENT OF NURHI REFERRAL SYSTEM & REFERRAL LINKAGES	NURHI ADVISORS, NURHI IT SUPPORT TEAM	PRIVATE SECTOR ADVISOR
2.	MOBILIZATION OF CLIENTS FROM COMMUNITY TO FPPN SITES (CLINICAL OR NON-CLINICAL)  <i>(NOTE: INDIVIDUAL CLIENTS WHO WALK INTO PMVS &amp; PHARMACIES CAN ALSO BE REFERRED TO CLINICAL SITES BY THE NON-CLINICAL SERVICE PROVIDERS)</i>	SOCIAL MOBILIZERS THROUGH THE NGO, NURHI SITE ABCCD OFFICERS	STATE TEAM LEADER
3	REFERRAL FROM NON-CLINICAL TO CLINICAL SITES	NON-CLINICAL FACILITY SERVICE PROVIDER, FPPN EXCO	STATE TEAM LEADER
4	REFERRAL WITHIN CLINICAL SITES <ul style="list-style-type: none"> <li>• INTER-FACILITY REFERRALS</li> <li>• INTRA-FACILITY REFERRALS</li> </ul>	CLINICAL FACILITY SERVICE PROVIDER, FPPN EXCO, QUALITY IMPROVEMENT TEAM AT SITE	STATE TEAM LEADER
5	TECHNICAL SUPPORT TO CLINICAL & NON-CLINICAL SERVICE PROVIDERS TO IMPROVE <ul style="list-style-type: none"> <li>• FILLING OF FORMS</li> <li>• ACTUAL REFERRAL PROCESS (DEMO)</li> </ul>	M&E TEAM & QI TEAM AT SITE	STATE TEAM LEADER
6	COLLECTION OF FILLED REFERRAL SLIPS <ul style="list-style-type: none"> <li>• NON-CLINICAL</li> <li>• CLINICAL</li> </ul>	M&E TEAM AT SITE	STATE TEAM LEADER
7	ANALYSIS & FEEDBACK BY 15 <sup>TH</sup> OF FOLLOWING MONTH	M&E TEAM AT SITE, STATE TEAM LEADER	M&E ADVISOR

