



Draft

National Child Health Policy

Federal Ministry of Health, Nigeria
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TABLE OF CONTENTS

National Child Health Policy

Acknowledgements

Abbreviations

FOREWORD

1.0 INTRODUCTION

1.1 Situation analysis

1.2 Guiding Principles

1.3 Policy Framework

Goal and scope of application of policy

2.0 THEMATIC AREAS

2.1 Perinatal and neonatal health

2.2 Infant and young child feeding

2.3 Major childhood illness

2.4 HIV/AIDS control

2.5 Child healthcare financing

2.6 School health

2.7 Injury prevention

3.0 STRATEGIES FOR IMPLEMENTATION

3.1 Establishment of Partnership for Maternal Newborn and Child Health

3.2 Capacity Building and Strengthening of Health System

3.3 Human Resources for Health

3.4 Communication and Advocacy.

3.5 Research and Development

4.0 ROLES AND RESPONSIBILITIES

4.1 Federal Ministry of Health

4.2 National Primary Health Care Development Agency

4.3 State Ministries of Health

4.4 Local Government Councils

4.5 Ward and Village Health Committees

4.6 Non Governmental Organizations

4.7 Professional Groups

5.0 MONITORING AND EVALUATION

References

Appendix

FOREWORD

The situation of Nigerian children, like in many other developing countries, has worsened progressively in the last two decades, resulting in high child deaths and threats to future productivity and development.

On 8 September 2000, a total of 189 countries including Nigeria, adopted the United Nations Millennium Declaration, recognising that they have a duty to human development. Reducing mortality in children under five years of age is the fourth of the eight goals set during the Millennium Declaration. As part of its commitment to the attainment of this and in part, the fifth, which is on maternal health, the government has developed this child health policy to give oversight to national efforts.

This Child Health Policy provides long-term directions for protecting and promoting the health of children. It provides a holistic and integrated vision for child health, bringing together in one document all key policy elements to promote child health and development.

It sets forth priorities, strategies and interventions necessary to overcome the challenges of child health care. The policy directions herein are not within the purview of any single sector. This document elaborates on core responsibilities of the different tiers of government and major stakeholders.

A child is usually defined as a person aged from birth to 18 years (Convention on the Right of the Child). However this child health policy shall cover newborn, under-five and school-aged children. Adolescent health policy covers issues related to adolescent aged children.

It is hoped that the document will provide all with the framework for planning, management, delivery and supervision of services to address the critical problems affecting child care in the target group.

Finally, I wish to acknowledge the special contribution of many individuals and organizations that have closely collaborated in series of consultative meetings to review and develop this policy document – Paediatric Association of Nigeria, Society of Obstetricians and Gynaecologists, Line Ministries (Women Affairs, Education, Information, Agriculture), partners (WHO, UNICEF, USAID/COMPASS, ENHANSE and PATHS) and Prof. Nike Grange (President of International Paediatric Association) who reviewed the first draft.

**Professor Eyitayo Lambo
Honourable Minister of Health**

1.0 INTRODUCTION

A child is defined as persons aged from birth to 18 years (Convention on the Right of the Child).

1.1 Situation analysis

Demographics

The projected population of the Federal Republic of Nigeria for 2003 was 126 million based on the 1991 census (*National Population Commission 2004*). Of this 126 million people, children under 1 month constitute 2%, those under one year of age 4.4%, under-fives 20% and those under 15 years 44% of the total population.

With a growth rate of 2.8%, a crude birth rate of 38-40 per 1000 persons and a total fertility rate of 5.2%, the total population of Nigeria is expected to double in 24 years. An increasing population coupled with a poor economy stretches available resources and predisposes a relatively large part of the population to living below the poverty line.

Health status of children

The current health situation in Nigeria, as in many developing countries, is unsatisfactory, with women and children, particularly those in rural areas, being most affected.

Childhood mortality rates in Nigeria are one of the highest in the world. According to the Nigeria Demographic Health Survey (NDHS) of 2003, the under-five and infant mortality rates are 201 and 100 per 1000 live births respectively. Neonatal mortality contributes a major part of these deaths at 48 per 1000 live births. The maternal mortality ratio in Nigeria is 984 per 100,000 live births (*National Population Policy 2004*). Maternal health is intricately linked to the survival of the child. Therefore this high maternal mortality portends grave implications for child survival.

The major causes of mortality in Nigerian children include malaria (30%), vaccine preventable diseases particularly measles (22%), diarrhoea (19%), acute respiratory infections (16%) with malnutrition underlying about 60% of these childhood deaths (National Health Management Information System 1999). Mortality in the newborn contributes about half of infant mortality. The major conditions that cause death in the newborn are low birth weight, asphyxia, sepsis, neonatal jaundice and neonatal tetanus. These diseases also cause considerable morbidity and in some cases long-term disability.

In addition, the current HIV seroprevalence rates of 5% further threatens child survival through mother-to-child transmission (MTCT) of infection and through increasing number of children orphaned or made more vulnerable as a result of HIV infection within their households.

In Nigeria, school aged children face special challenges to their optimal development. Malaria and helminthic infections such as ascariasis and schistosomiasis, cause

significant health burden and affect school attendance and performance. This child health situation poses a serious threat to future national productivity and development.

Experience and available evidence indicate that low-cost, low-tech interventions to prevent and treat the major causes of this high neo-natal, infant and child morbidity and mortality are available. Unfortunately, there are significant health system issues that limit the coverage and uptake of these interventions.

Government in its commitment to child health and development as a means of securing future productivity and development, and attaining the Millennium Development Goals (MDG), particularly the MDG 4 and 5 has developed this child health policy to give oversight and direction to the major issues that affect child health.

The policy proposes strategies coupled with actions based on a careful review of the Nigerian health situation with the major objective of reducing the unacceptably high morbidity and mortality rates of these children and securing for every child a better future.

1.2 Guiding principles and values

The following principles, values and commitments will guide the National Child Health Policy:

- The principle of social justice and equity and the ideals of freedom and opportunity as affirmed in the 1999 Constitution of the Federal Republic of Nigeria.
- Obligation to the Convention on the Rights of the Child (CRC).
- Commitment to global and regional goals relating to child health and development such as the MDGs, the African Charter, and African Union (AU) commitment to the MDGs.
- Primary Health Care as the basic philosophy and strategy for national health and development.
- Effective partnership and collaboration between various health actors and sectors.
- Equity in health resource distribution and access to health services.
- Life-course approach to child survival that recognizes the continuum from preconception, pregnancy, neonatal period through childhood and adolescence.
- Policy implementation within the overall framework of National Economic Empowerment and Development Strategy (NEEDS).
- Policy implemented within the framework of the Health Sector Reforms, the National Health Policy and other policies relevant to child health (Adolescent, National Population, Reproductive Health and Infant and Young Child Feeding Policies)
- Promotion of sustainability at all levels through participation and involvement of all stake-holders.

1.3 Policy Framework

Goal

The overall goal of the National Child Health Policy shall be to ensure the survival and healthy growth and development of the Nigerian child.

The Policy shall cover newborns, under-five and school age children. Adolescents are covered by other policies.

Objectives and targets

The objectives and targets of the National Child Health Policy reflect the health-related targets of the Millennium Development namely:

- To reduce neonatal mortality rate by half of the 1990 rate by the year 2015.
- To reduce infant mortality rate by half the 1990 rate by the year 2015
- To reduce under-five mortality rate by two-thirds of the 1990 rate by the year 2015.
- To reduce the incidence of malaria, vaccine-preventable diseases, Acute Respiratory Infection (ARI) and diarrhoeal diseases in under-five children.

2.0 THEMATIC AREAS OF NATIONAL CHILD HEALTH POLICY

Achieving the overall goal of ensuring the survival and healthy growth and development of the Nigerian child requires concerted efforts to address the major factors influencing child health in Nigeria. There is need to implement the available evidence-based, cost-effective interventions which prevent and treat the major causes of morbidity and mortality in newborns, infants and under-five children. Full coverage and universal access of these essential interventions will be necessary to achieve the goal of this policy.

The major thematic areas to be addressed by this policy now follow.

2.1 Perinatal and Neonatal Health

Current evidence shows that improvement in child survival is only possible with significant reductions in neonatal mortality which contributes nearly half of all deaths in infancy. Globally, majority (75%) of neonatal deaths occur in the first week of life and up to 72% are preventable. The planned actions on perinatal and neonatal health will complement existing policies and guidelines on reproductive health, infant and young child feeding including the Baby Friendly Initiative.

Goal

The overall goal of interventions in this area will be to reduce perinatal and neonatal mortality.

Objectives

- Provision of optimal care of the newborn including appropriate newborn resuscitation, thermal management, prevention and treatment of neonatal sepsis, jaundice, tetanus and extra care of low birthweight babies.

Policy/Strategic Thrusts

- Provision of skilled obstetric and immediate newborn care including resuscitation at all levels.
- Provision of emergency obstetric care.
- Provision of emergency newborn care for illness especially sepsis management and care of very low birthweight babies including kangaroo mother care.
- Focus on Ante Natal Care (ANC) approach
- Intermittent Presumptive Treatment (IPT) for malaria for all pregnant women.
- Male involvement in newborn care
- Operational research on socio-cultural, family and community factors that affect newborn and maternal health.

2.2 Infant and young child feeding

Malnutrition underlies about 60% of deaths in under-five children. Exclusive breastfeeding initiated from birth and continuing up to 6 months of age provides all the nutritional requirements and bonding needs of the infant. The practice of exclusive breastfeeding prevents up to 13% of all deaths in under-five children.

Goal

The overall goal of interventions in this area will be to reduce incidence of malnutrition in infants and young children in Nigeria.

Objective

To provide optimum nutrition for infants and young children.

Policy/Strategic Thrust

- Implementation of the global strategy for infant and young child feeding to ensure optimum feeding for all children including those in difficult circumstances such as children infected or affected by HIV and AIDS and low birth weight (LBW).
- Provision of support of the implementation of the national guidelines on infant and young child feeding.
- Promotion, supporting and protecting breastfeeding through establishment of effective structures that provide opportunities for the breastfeeding mother including provision of crèches.
- Working with relevant agencies towards the implementation of the new International Labour Organization (ILO) Convention 183 and recommendation number 191 on Maternity Protection at work.
- Provision of Vitamin A supplementation for children aged 6-59 months two times a year.
- Provision of Vitamin A supplementation for post partum mothers within 8 weeks of delivery.

2.3 Major childhood illnesses

The major causes of death in under-five children in Nigeria are malaria, vaccine preventable diseases, Acute Respiratory Infection (ARI) particularly pneumonia, diarrhoea and malnutrition. Low-cost and low-tech interventions are available to prevent and treat these conditions. However, past efforts have been directed at vertical implementation of control programmes such as the Control of Diarrhoeal Diseases, Acute Respiratory Infection and Immunization with minimal impact on overall child survival.

Although, more recently, Government has begun the implementation of integrated approaches such as the Integrated Management of Childhood Illness (IMCI) strategy, the coverage of this intervention is still low with limited impact. Evidence suggests that universal coverage of those interventions with evidence of impact on the major causes of death can significantly reduce childhood mortality.

Goal

The overall goal of interventions in this area will be to reduce mortality attributable to malaria, vaccine preventable diseases, ARI particularly pneumonia, diarrhoea and malnutrition.

Objective

To reduce morbidity and mortality from malaria, vaccine preventable diseases, ARI, diarrhoea, and malnutrition.

Strategic/Policy Thrusts

- Promotion of the delivery of evidence-based, cost-effective and integrated interventions.

- Promotion of the use of, and ensuring access to insecticide treated materials for pregnant women and under-five children through health facility and community outlets.
- Provision of support to the implementation of standard case management guidelines for malaria, ARI and diarrhoea at all health facilities.
- Ensuring equitable access to immunization services, including booster doses for all under-five children in order to maintain optimal immunologic protection against vaccine-preventable diseases.
- Collaboration with development partners and other agencies to promote the use of Oral Rehydration therapy and zinc for the treatment of diarrhoea.
- Working with NGOs and partners to build family and community capacity to support behaviour change for improved child health, recognise and treat common childhood illnesses such as malaria, diarrhoea and pneumonia and seek care promptly.

2.4 HIV and AIDS Control

There are about 3 million people living with HIV/AIDS in Nigeria with a national sero-prevalence of 5% (FMOH 2003). This poses a threat to child survival and development through Mother-To-Child-Transmission (MTCT), direct infection and increased vulnerability of affected children. There is limited access of currently available interventions for prevention and care for children with HIV/AIDS.

Goal

The overall goal of interventions in this area will be to reduce mortality attributable to HIV/AIDS in children.

Objectives

- Ensuring survival of infants of HIV-infected mothers.
- Reduction of paediatric HIV/AIDS infections particularly through Prevention of Mother To Child Transmission (PMTCT).
- Ensuring optimal care, support and treatment of HIV-infected and affected children.

Strategic / Policy Thrusts

- Promotion of screening of all pregnant women for HIV infection in all health facilities (public and private) through voluntary counselling and testing (VCT).
- Promotion of the delivery of HIV prevention messages during antenatal care (ANC) and post-partum visits in all facilities.
- Ensuring that obstetric and medical care for pregnant HIV positive women is appropriately modified and strengthened in order to reduce the risk of Mother To Child Transmission.
- Promotion of post-exposure prophylaxis for the infants of HIV-seropositive mothers.
- Provision of affordable anti-retroviral (ARV) therapy to children infected with HIV/AIDS in line with the National Anti-retroviral Drug Access Programme.
- Working in collaboration with partners and related agencies to build capacity of health workers in counselling HIV-infected mothers on infant feeding options.

- Ensuring the use of Breast Milk Substitute does not spill over to the majority of mothers who are HIV-negative or of unknown status. In that regard, commercial formula used for infants of HIV-positive mothers shall not be displayed and health workers shall be the only ones to demonstrate feeding with Breast Milk Substitute to HIV positive-mothers.

2.5 Child healthcare financing

In order to have the desired impact on child mortality reduction, there should be universal coverage of the interventions. This implies sufficient supply of services as well as unhindered access. Financial barriers are a recognised impediment to uptake of child health services in Nigeria (World Bank). There is ample evidence that even where healthcare is available, the poorest often forego the care they need because it is unaffordable. Children regardless of their socio-economic circumstances, have a right to access to healthcare services (Article 24, Convention on the Right of the Child).

Goal

The overall goal of interventions in this area will be to achieve universal coverage for child health care services.

Objectives

- To remove financial barriers to uptake of health services for all children.
- To contribute to the reduction of poverty arising from household expenditure on health care.

Strategic/Policy Thrusts

- Working with partners and stakeholders to support the acceleration of pre-payment schemes like the National Health Insurance Scheme (NHIS).
- Promotion of the establishment of community-based health insurance schemes to ensure that under-five children in the community have unrestricted access to health services.

2.6 School health

School aged children in Nigeria face special challenges to their optimal development. Attendance at school and performance is influenced by such diverse factors as communicable diseases, poor nutritional status, visual, speech and hearing disorders and sickle cell disease. There are simple and effective interventions that can mitigate these conditions. School provides a unique opportunity to promote these interventions for the optimal performance, growth and healthy development of individual pupils. Secondary beneficiaries of an effective school health programme are families and communities because pupils and their teachers can be change agents to influence desired behaviours and practices.

Goal

The overall goal of interventions in this area will be to promote healthy growth and development of school age children.

Objectives

- To provide health information and services that meet the essential needs of the school age children.
- To improve the nutritional status of the school age children in order to enhance their academic performance and development
- To contribute to the attainment of universal primary education (Millennium Development Goal 2).

Strategic/Policy Thrusts

- Resuscitation/Establishment and strengthening comprehensive school health programme in all schools.
- Making pre-admission medical examination mandatory in all schools.
- Working with communities and partners to ensure that schools have access to potable water, adequate toilet facilities and waste disposal systems.
- Supporting and promoting school feeding initiatives (including school gardens) to provide one balanced meal for the school age child every day.

2.7 Injury prevention and protection of children

Children have a right to grow up in an environment that protects them. A supportive and protective environment in all its ramifications increases children's chances of optimal physical, mental, psycho-social, intellectual and spiritual development.

Therefore, in order to ensure the protection of children from injuries, disabilities, drug addiction, child abuse (especially child labour, trafficking and sexual abuse), juvenile delinquency, early pregnancy and other adverse circumstances, Government, communities and schools will collaborate with relevant agencies and other stakeholders to create a protective environment responsive to community and school needs in line with the Child Rights Act (2003) and other relevant legal instruments.

3.0 STRATEGIES FOR IMPLEMENTATION

3.1 Establishment of Partnership for Maternal Newborn and Child Health

Maternal and child health care are currently being addressed by various programmes both within and outside the health sector, however the impact on the overall maternal and child morbidity and mortality has been minimal. The main problems are not technical, but operational. The health of the child including the newborn is intricately linked to that of the mother. Therefore choosing the right strategy which reflects this continuum and interdependency will facilitate accelerated attainment of the goals and objectives of this policy.

Government will work with Partners to establish a Partnership for Maternal Newborn and Child Health (PMNCH). This new partnership seeks to intensify action to reduce maternal, newborn and child mortality towards achieving the United Nations Millennium Development Goals 4 and 5. This new partnership will not create new structures but work within and strengthen existing ones.

Government will regularly assess the country's maternal and child health profiles, define and ensure standards of delivery of comprehensive and integrated child health care services.

3.2 Capacity Building and Strengthening of Health System

For a successful implementation of child survival and development programmes, sustained capacity building is critical. Government in collaboration with the relevant stakeholders, including the private sector, shall ensure in an equitable and timely manner the following:

- The establishment of functional health facilities and sustained provision of appropriate equipment, materials, medicines, vaccines and other consumables.
- The training, re-training, motivation and equitable distribution of health personnel at all levels of health care delivery.
- Infrastructural provision to ensure successful capacity building and strengthening of health system
- Equity in health resource distribution and targeting of the hard-to-reach and most vulnerable groups.
- The establishment and/or endorsement of guidelines for the planning, funding, implementation, monitoring and supervision of the training and continuing education of all health personnel at all levels. It will ensure the provision of appropriate technical support for training and continuing education programmes.
- The upgrading of curricula of basic health institutions to include integrated child survival, development, protection and participation strategies.
- Community capacity building

3.3 Human Resources for Health

As part of efforts to address the Human Resources For Health (HRH) crisis, particularly insufficiency at the primary level, Government shall work with partners/major stakeholders to redefine tasks and give more responsibility for child care to some personnel such as nurses,

community health extension workers (CHEWs) and health aides working at community-level facilities.

3.4 Communication and Advocacy.

Evidence suggests that the care children receive at home and in their communities is just as important as the care in the health facility. Therefore improving the care of children in homes and communities is now recognised as a vital weapon in the struggle to protect children who are at risk of dying from preventable diseases.

Government shall:

- develop an advocacy strategy around this policy to mobilize policy makers, key government officials, law makers, opinion leaders, professional associations and non-governmental organizations.
- develop virile evidence based behaviour change communication strategy focusing on sustained behavioural change processes and interventions both for consumers and child health service providers.
- develop and support community engagement interventions using community mobilization/ involvement, community action cycle, community monitoring and evaluation processes to ensure ownership and sustainability of child health services.
- develop a child health services success documentation system relevant to the community and providers and which enhances planning and celebration at community level.

3.5 Research and Development

The Federal Ministry of Health shall support ministries of health and other institutions to enhance their capability to undertake relevant research in child survival, development, protection and participation. It shall establish a Technical Advisory Committee which shall consist of key health professionals with recognized expertise in child health. The committee shall function in an advisory capacity to the Federal Ministry of Health in the areas of policy formulation, promotion, coordination and monitoring of research programmes including the development and adaptation of new technologies.

4.0 ROLES AND RESPONSIBILITIES

In order to achieve the set objectives of this National Child Health Policy, there is a need for proper delineation of roles and responsibilities to be undertaken by governments at Federal, State and Local Government levels, Partners, Non-Governmental Organisations, Organized Private Sectors and the Communities. In defining these roles and responsibilities, special emphasis is placed on coordination, collaboration, decentralisation and integration in the implementation to better reach the most vulnerable group and promote Local Government /Community ownership.

4.1 Federal Ministry of Health (FMOH)

4.1.1 Technical Advisory Committee on Child Survival.

- The Federal Ministry of Health shall set up a Technical Advisory Committee, made up of professionals and other stakeholders. The Child Health Division of the Department of Community Development and Population Activities, Federal Ministry of Health shall be the Secretariat. This committee in collaboration with the relevant departments of the Federal Ministry of Health shall be responsible for ensuring the implementation of this policy and the submission of periodic reports on the State of Health of Nigerian Children and its determinants.

4.1.2 Training / Capacity Building

- The Federal Ministry of Health shall establish guidelines for planning, organising, conducting and supervising training of all health personnel at all levels. It will provide appropriate technical support for curriculum development, training and continuing education.
- The focus will be on both pre-service and in-service trainings including those that support the creation of friendly and promotive environments for client focused service delivery such as interpersonal communication and counselling.

4.1.3 Services

- The Federal Ministry of Health shall:
 - (1) Regularly conduct a situation analysis of the country's child health profile,
 - (2) Define standards with respect to the delivery of holistic child health care services,
 - (3) Issue guidelines to assist the State and Local Government Councils plan, implement, monitor and evaluate child health programmes.
 - (4) Review health systems and institutions to strengthen a two-way referral system
 - (5) Develop and facilitate the integration into existing initiatives or structure and promote implementation of appropriate strategies such as those on consumer education and promotion of positive child health action.

4.1.4 Medicines and Equipment

- The Federal Ministry of Health shall:
 - (1) Promote the decentralised implementation of Drug Revolving Fund guided by the essential list
 - (2) Promote decentralised procurement and supply of equipment and materials for smooth running of activities relevant to child health programmes in health facilities/institutions.
 - (3) Promote decentralised procurement of equipments and materials that will strengthen the capacity of providers in both private and public facilities to promote communities/consumer positive child health practices.

4.1.5 Finance

- The Federal Ministry of Health shall:
 - (1) Remove financial barriers to health care through speedy implementation of NHIS and its expansion to the community
 - (2) Promptly release fund for the implementation of child health programmes, support research and maintain federal health care facilities.
 - (3) Collaborate with national and international agencies, NGOs and other stakeholders to secure financial and technical assistance for implementation of child health programmes

4.1.6 Research

- The Federal Ministry of Health shall initiate and support research activities relevant to the development of the child in collaboration with training institutions, non-governmental organisations, the private sector and the mass media.

4.1.7 Communication and Advocacy

- The Federal Ministry of Health shall:
 - (i) Develop and support the adaptation of communication and advocacy strategies by states.
 - (ii) Disseminate information to State, Local Governments and other stakeholders.
 - (iii) Develop Behavioural Change Communication material and job aids for effective coverage of child survival programmes in collaboration with Federal Ministry of Information, Non Governmental Organizations and other stakeholders.
 - (iv) Support the strengthening of communication and interpersonal communication and counselling training for pre-service and in-service training.

4.1.8 Health Legislation

- The Federal Ministry of Health shall:

Review and develop relevant legal instruments that govern and regulate health related activities at all levels in order to ensure that principles and objectives of this policy are attained in collaboration with Federal Ministries of Women Affairs and Justice.

4.1.9 Monitoring and Evaluation

- The Federal Ministry of Health shall:
 - (i) In collaboration with other stakeholders, establish and maintain an information system that provides adequate information on progress made in reducing mortality and morbidity rates in children.
 - (ii) Support the supervision, monitoring and evaluation of child health programmes including communication, advocacy and community mobilization activities.
 - (iii) Provide mechanisms for timely response to feedback from states and LGAs

4.2 National Primary Health Care Development Agency (NPHCDA)

The Agency shall:

- a) Provide support for implementation of all plans developed to achieve set targets of the child health policy.
- b) Conduct advocacy and social mobilization of State and LGA policy makers to solicit for their support for the implementation of strategies within the Child Health Policy.
- c) Build State and LGA level capacity for training community level care providers on the implementation of relevant aspects of this Child Health Policy.
- d) Provide technical support to State and LGA for effective implementation of programmes and activities aimed at child survival and development
- e) Mobilise resources internationally, nationally and locally for child health strategies.
- f) Supervise, monitor and evaluate PHC activities relating to this Child Health Policy

4.3 State Ministries of Health

4.3.1 Training

The State Ministry of Health shall:

- (i) Ensure that health personnel update their knowledge and skills on a continuous basis to perform functions relevant to the country's child health priorities.
- (ii) Ensure that health care providers are trained in methods, skills and processes that help mobilize communities around positive child health practices, promote community ownership and sustainability.

4.3.2 Services:

- The State Ministry of Health shall:
 - (i) Adapt and ensure effective implementation of the National Child Health Policy with the involvement of professional organisations

- (ii) Ensure effective implementation of child health programmes in public and private institutions
- (iii) Recruit appropriately qualified and adequately skilled health personnel in all health facilities in the State.
- (iv) Initiate and maintain a multi-sectoral and multi-disciplinary approach to child health care. It shall involve, for example, Ministries of Agriculture, Water Resources, Education, Information, Women Affairs, Justice, and Environment, professional associations, Non-Governmental Organisations, Religious organizations and partners.
- (v) Review the distribution of existing health care facilities and ensure equity in future siting of such facilities in line with the Health Sector Reform Programme.
- (vi) Collaborate with LGAs and communities to identify priority programmes related to child's health.
- (vii) Establish, and strengthen existing community based outreach health services by their hospitals, maternity centres, health centres, clinics and encourage the private sector to do the same.
- (viii) Review and improve health systems and institutions to strengthen a two-way referral system

4.3.3 Medicines and Equipment

The State Ministry of Health shall:

- (i) Review periodically the existing logistic system to ensure regular and timely distribution of supplies and equipment.
- (ii) Review periodically the state of health infrastructure, equipments and vehicles to ensure regular and timely maintenance
- (iii) Collaborate with Federal Government to conduct a periodic and systematic needs assessment required for child health services

4.3.4 Finance

▪ The State Ministry of Health shall:

- (i) Remove financial barriers to health care through speedy implementation of Health Insurance Scheme and its expansion to the community
- (ii) Promptly release funds for the implementation of child health programmes, support research and maintain State health facilities.
- (iii) Explore appropriate mechanism for mobilising and allocating resources for child health care, including cost recovery.

4.3.5 Monitoring and Evaluation

The State Ministry of Health shall:

▪ Facilitate data collection, processing, and dissemination of information on child health.

4.3.6 Information, Education and Communication (IEC) / Behavioural Change Communication (BCC)

The State Ministry of Health in collaboration with Local Government shall:

- Promote systematic and sustained community health education through health personnel, mass media, print, non-governmental organisation, community based organizations, community leaders, families and individuals.
- Facilitate the training of health providers of both public and private institutions in interpersonal communication and counselling.

4.3.7 Mass Media

The State media shall:

- (i) Create a sustained platform for public debate in support of the promotion and implementation of this Child Health Policy.
- (ii) Create and maintain awareness on issues concerning child health
- (iii) Include child health issues in their publications and programmes and community engagement interventions
- (iv) Be involved in the networking activities of Non Governmental Organisations, and relevant health professional bodies
- (v) Provide focused and strategised media coverage of child health interventions.

4.4 Local Government Councils

4.4.1 Mobilisation

The Local Government Councils shall:

- (i) Mobilise the community to participate in planning, implementation and monitoring of child health programs through involvement of traditional chiefs, religious leaders, other influential persons, and groups.
- (2) Motivate communities through community action cycle processes to undertake, own and sustain child health programmes.

4.4.2 Training

The Local Government Councils shall:

- (i) Organise regular trainings and refresher courses to update knowledge and skills of LGA health personnel on issues identified in the child health policy.

4.4.3 Services:

The Local Government Councils shall:

- (i) Collaborate with the State Ministry of Health to identify and implement priority programmes related to child's health and ensure effective implementation.
- (ii) Establish, and strengthen existing community based outreach health services especially midwifery services by all health facilities in the LGA including private facilities.
- (iii) Collaborate with Ward and Village Health Committees to support functional child health care services.
- (iv) Establish, and strengthen existing village health posts for child health care to compliment the services of the Primary Health Care facilities.

4.4.4 Medicines and Equipment

The Local Government Councils shall:

- (i) Review periodically the existing logistic system to ensure regular and timely distribution of supplies and equipment.
- (ii) Review periodically the state of health infrastructure, equipments and vehicles to ensure regular and timely maintenance
- (iii) Collaborate with State Government to conduct a periodic and systematic needs assessment required for child health services

4.4.5 Finance

The Local Government Councils shall:

- (i) Remove financial barriers to health care through speedy implementation of Health Insurance Schemes and its expansion to the community
- (ii) Promptly release funds for the implementation of child health programmes, support research and maintain LGA health care facilities.
- (iii) Explore appropriate mechanism for mobilising and allocating resources for child health care, including cost recovery.

4.4.6 Monitoring and Evaluation

The Local Government Councils shall:

- Collaborate with state and the Federal Government to facilitate data collection on child health including those on communication, advocacy and community engagement.

4.4.7 Information, Education and communication (IEC) Behavioural Change Communication (BCC)

The Local Government Councils shall:

- Promote systematic and sustained community health education through health care providers, mass media, non-governmental organisation, community based organizations, schools, families and individuals in collaboration with State Government.

4.4.8 Mass communication:

The Local Government Councils shall:

- Collaborate with existing mass media in the state and community to:
 - (2) Maintain awareness on issues concerning child health
 - (3) Promote dissemination of information
 - (4) Make conscious effort to include child health issues in their publications
 - (5) Provide focused coverage of child health interventions at LGA, ward and community level

4.4.9 General strategy for child health

Local Government Council strategy for child health care shall be to:

- Determine how best to provide the essential elements of child health care.

- Assign roles and responsibilities in the communities, the health service -and in other sectors so as to involve individuals and families in the implementation of child health care priority programmes.
- Periodically provide health information to the community on child health in order to promote ownership and improve the health status of children
- Develop and put in place mechanisms for bringing in the communities in the **clinical decisions** of child health care.
- Harness resources to support child health programmes. This will involve co-opting voluntary workers and practitioners of traditional methods to achieve child health goals.
- Ascertain the availability and maintenance of basic child health infrastructures.
- Collate relevant data about the resources available for child health care, the health condition of the women and the utilisation of available maternal health services.

4.5 Ward and Village Health Committees

The Ward and Village Health Committees

- Collaborate with LGA to provide functional child health care services and ensure its maintenance and sustainability.
- Support monitoring, documentation and evaluation of child health programmes.

4.6 Non Governmental Organizations

NGOs, shall in collaboration with the Federal, State and Local Governments, shall:

- Identify child health needs of the communities, through studies that would provide data
- Initiate a pilot scheme that will serve as a model for replication.
- Assist in developing Behavioural Change Communication programme
- Support the training of Community Resources Persons and other Voluntary Village Health Workers in the delivery of child health care services
- Assist in Monitoring and Evaluation of child health programme
- Mobilise the community to embark on awareness campaign to eradicate harmful traditional practices directed at the children.
- Set up community-based child health care services which will be affordable, accessible, acceptable and sustainable.
- Provide technical assistance to LGAs on fund raising activities, resources utilisation, planning, implementation, monitoring and evaluation
- Assist in development and maintenance of a two-way referral system
- Support studies on the knowledge, attitude and practice of the communities.
- Assist in the collaboration and updating of relevant data about the child health care services and their utilisation.
- Support documentation of success stories on community engagement on child health.

4.7 Professional Groups and Institutions

The following shall be their roles and responsibilities:

- The professional institutions shall be responsible for provision of professionally competent and versatile practitioners who are capable of providing high quality care to the children and expectant mothers in homes, communities, health centres, hospitals and clinics in the Federation
- The Nursing and Midwifery Council and other allied health care providers shall incorporate the life saving skills programmes in their curriculum so that they can be legally protected in meeting the needs for basic obstetric and children emergencies.
- The Nigerian Medical Council shall have responsibility to support and encourage qualified health providers to utilise life saving skills in child health care services in order to effect a decline in high under 5 mortality and morbidity rates.
- The Medical, Nursing and Midwifery and Public Health Nursing, Schools of Health Technology and other schools of health sciences shall reflect in their curriculum, the philosophy of Child health and shall provide appropriate practical training in these areas. Similarly, effort shall be made to involve technical workers in other sectors having a bearing on the health of the child.

5.0 MONITORING AND EVALUATION

Monitoring and evaluation is critical to assessing the implementation of the Child Health Policy. Input, process and impact indicators will determine progress in the implementation of this Policy. The mechanism for monitoring and evaluation shall include the following:

- Quarterly monitoring of policy implementation.
- Annual child health stakeholders review meetings.
- Periodic review of data from National Health Management Information System.

The indicators for monitoring policy implementation shall include and not limited to:

- Proportion of births attended by skilled personnel.
- Proportion of states implementing the National Guidelines on Infant and Young Child Feeding.
- Proportion of states providing Vitamin A to children 6-59 months twice a year.
- Proportion of LGAs delivering integrated child survival and development services.
- Proportion of LGAs with uninterrupted supply of routine vaccines.
- Proportion of 1 year old children immunized against measles.
- Proportion of HIV-positive pregnant women with access to PMTCT services.
- Proportion of HIV-positive pregnant women receiving ARV therapy.
- Proportion of HIV-positive children receiving ARV therapy.
- Proportion of states offering free child health services.
- Proportion of states supporting and promoting school feeding initiatives (including school gardens) to provide one balanced meal for the school age child every day.
- Infant mortality rate.
- Under-five mortality rate.
- Prevalence of underweight among under-five children.

APPENDIX: THE TECHNICAL ADVISORY COMMITTEE ON CHILD SURVIVAL

I. FUNCTIONS

- Advise the Honourable Minister of Health on child health issues
- Act as focus in policy formulation on any matter concerning the welfare & total well-being of the children
- Mobilise the wider society for the goal & objectives of the Child health policy
- Serve as a forum for consultation with all relevant sectors
- Ensure regular monitoring of the implementation of the Policy
- Collaborate to produce and disseminate at regular intervals The State of the Health of Nigerian Children and its Determinants.

II. MEMBERSHIP

Paediatric Association of Nigeria (1)

- Society of Gynaecologists and Obstetricians of Nigeria (1)
- National Primary Health Care Development Agency (NPHCDA) (1)
- National Programme on Immunization (NPI) (1)
- Nutrition Society of Nigeria / Nigerian Dietetic Association (1)
- National Association of Nigerian Nurses and Midwives (NANNM) (1)
- National Food and Nutrition Committee (1)
- National Association of Community Physicians
- National Council of Women Society (NCWS) (1)
- Association of Local Government of Nigeria. (ALGON) (2)
- School of Health Technology (SHT) (1)
- Representatives of Non Governmental Organizations (3)
- Community Health Practitioners' Board (1)
- Pharmaceutical Society of Nigeria (PSN) -1
- Representatives of Ministry of Women Affairs (2)
- Representative of Ministry of Education (2)
- Representative of Ministry of Information (2)