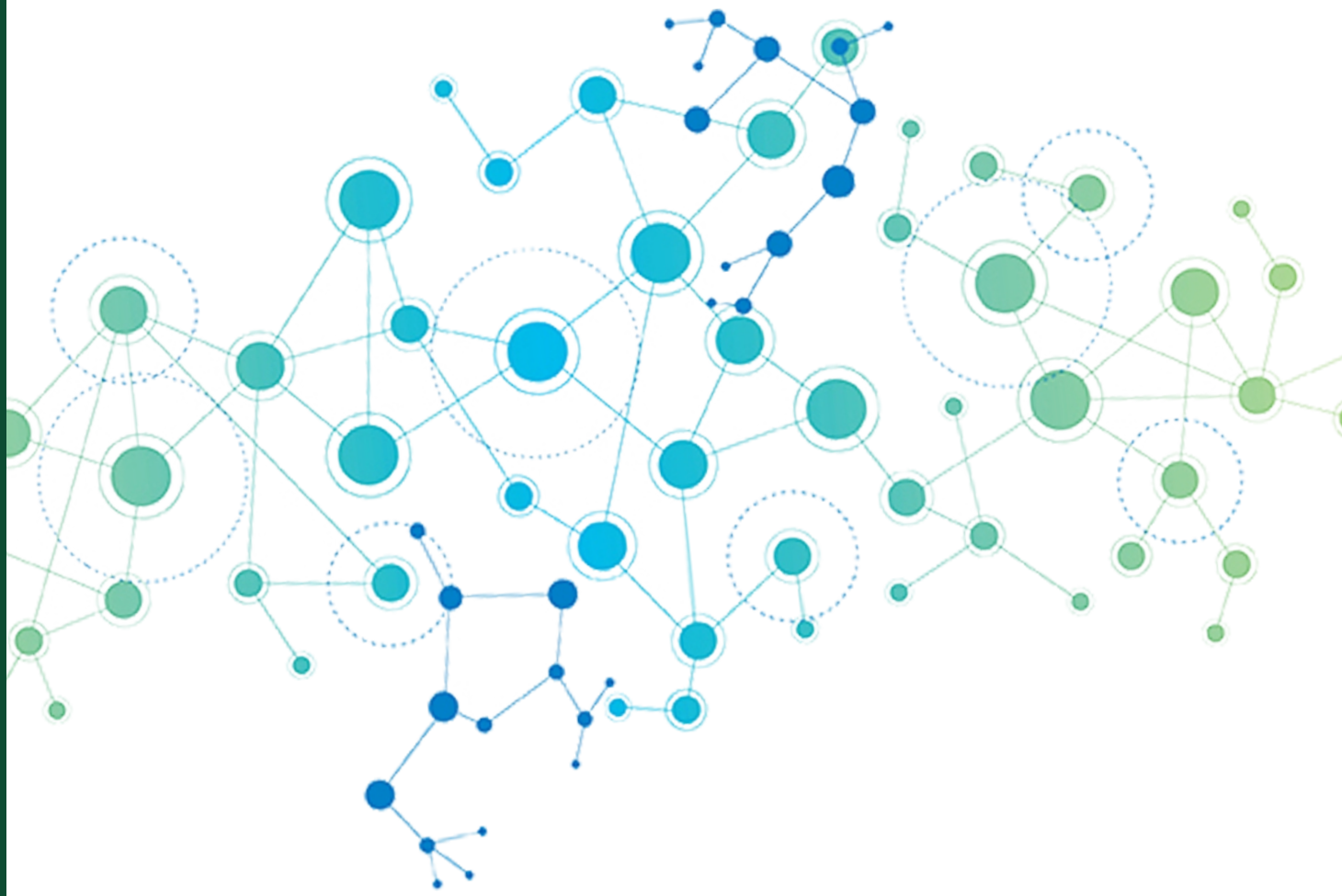
Federal Ministry of Health

NATIONAL CHILD HEALTH POLICY



APRIL 2022

Federal Ministry of Health

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FOREWARD

The Nigerian Child Rights Act of 2003 defines a Child as person aged 0-18 years. They account for about half of the country's population. First published in 2006, the National Child Health Policy (NCH?) is the instrument that provides long-term directions for protecting and promoting the health of children in Nigeria, including vulnerable ones.

The policy has been substantially reviewed to reflect new realities and trends, including a review that makes it suitable for driving the Sustainable Development Goal (SDGs).

In this revision, additional considerations were given to emerging health issues, epidemics/pandemics, the Primary Health Care (PHC) reform of bringing PHC Under One Roof (PHCUOR) and Nigeria's renewed commitment to Universal Health Coverage. The policy has been revised to respond adequately to globalisation, climate change, challenges of insurgency and their impacts on the Nigeria health system and the health of children living in Nigeria. Being an extension of the National Health Policy, the National Child Health Policy is also guided by the principles of justice, equity & fairness.

In this policy, "the policy thrusts" represent high impact interventions, initiatives & programmes that have been prioritized and carefully arranged along the different age & thematic categories.

I commend our network of child health partners for their support in concluding this arduous task, which is another credible milestone to the Director Family Health, and her Child health team.

The potentials embedded in this policy are enormous but can only be realized with concerted wide scale implementation, which is beyond what one sector can handle alone. I therefore call on development partners, advocates, enthusiasts, and interest groups, including the private sector, to join hands in the movement to see that this edition of the National Child health policy is implemented at scale, and with quality.

Dr Osagie Ehanire MBBS, FRCS

Honourable Minister

ACKNOWLEDGEMENT

The revision of the National Child Health Policy (NCHP) is a demonstration of commitment of partnership and collaborative efforts to provide long-term directions for protecting and promoting the health of children including, the vulnerable ones.

I must commence by appreciating the Honourable Minister, Dr Osagie Ehanire, who birthed this process by giving marching order to the National Child Health Technical Working Group (NCHTWG) during its re-inauguration in 2021 & also provided the enabling environment for this to be achieved.

The Ministry recognizes the zeal/ in-depth understanding and commitment displayed by all stakeholders during the development process. We appreciate the contributors from various departments of FMoH, NPHCDA, NHIS, NAFDAC, State Ministries of Health, Development partners, Professional bodies and implementing partners as well as Civil Society Organizations, for their invaluable inputs

The exceptional leadership displayed by the Chair of the NCHTWGt Prof R. Wamandat is highly commendable. I certainly praise the unwitting patriotism and tireless commitment displayed by of our consultants, Prof. Alice Nte and Prof Ebunoluwa Adejuyigbe.

The Ministry remain most grateful to UNICEF, WHO/ Save the Children International and USAID-IHP as well as the Nigeria Lafiya Project, for the technical and financial support rendered at different stages of the development of the NCHP document.

Finally, special recognition must be given to Dr Stella Nwosu & her team particularly the review secretariat anchored by Dr Femi James and comprising Mrs Folake Adekunle, Mr Lanre Ayenowonwon and Mr Edward Iyamu.

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Director, Family Health Department.

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INTRODUCTION

CHAPTER 1: INTRODUCTION

The National Child Health Policy (NCHP) provides direction for the growth and development of every child in Nigeria in line with global and national goals and targets. Children are defined by the Child Rights Act 2003 as persons aged 0-18 years and contribute about 51% of the Nigerian population (CRA 2003). This policy addresses priority child health issues to ensure the adoption and implementation of relevant interventions for the attainment of optimal health for the. It seeks to ensure that the "Health" in all policies are achieved in line with the commitment towards the Universal Health Coverage.

1.1. Rationale for Reviewing the National Child Health Policy

The National Child Health Policy is reviewed to reflect new realities and trends, including the agenda of the Sustainable Development Goals (SDGs). Additional considerations include emerging health issues, epidemics/pandemics, the new Primary Health Care (PHC) governance reform of bringing PHC Under One Roof (PHCUOR) and Nigeria's renewed commitment to Universal Health Coverage. It is imperative to review policies to respond adequately to globalisation, climate change, challenges of insurgency and their impacts on the Nigeria health system and the health of children living in Nigeria.

1.2. The Global Context on Child Health

Globally, morbidity and mortality among children remain critical to the attainment of development goals and targets. The United Nations Children's Fund in the 2020 Report on Child Mortality levels and Trends reported a 60% drop in under-five deaths over a three decade (1990-2020) but noted the continued significant burden of child deaths. It reported 7.4 million deaths of children, adolescents and youths in 2019 mostly from preventable or treatable causes. Of these deaths, 70% (5.2 million) occurred among under-fives (of which 47 per cent neonatal deaths) and 2.2 million deaths in children and young people aged 5-24 years(SOWC 2021). These deaths have occurred despite efforts to implement the Universal Declaration of Human Rights and Convention on the Rights of the Child which recognize children's rights to survival and development. The Convention on the Rights of the Child also calls on State Parties to "recognize the right of the child to "enjoy the highest attainable standard of health" and to "facilities for treatment of illness and rehabilitation of health". It urges them to "ensure that no child is "deprived of his or her right of access to such health care services". This is to ensure that all children, irrespective of any special needs enjoy their rights to survival and development. It also prescribes the protection of children from all forms of threats by urging States Parties to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child(ARTICLE_19 1989)." To guarantee children's rights to survival, health, growth and development, mortalities across the spectrum of childhood illnesses should be reduced and common causes such as malnutrition, water and

sanitation related conditions, communicable and non-communicable diseases are to be addressed through the effective delivery of primary health care services.

Additionally, there are other global drives that seek to ensure that all children, irrespective of where they live, are given the equal opportunity to survive, thrive and transform. These include the International Code of Marketing of Breast Milk Substitutes and the relevant subsequent World Health Assembly Resolutions, the *Sustainable Development Goals* (SDGs), the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)(EWEC UNSG 2010), the *Convention on Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Persons with Disabilities* (CRPD 2006) *as well as* the *Universal Health Coverage*(UHC 2012) .

1.3. The Regional context on Child Health

Nigeria is a member of the African Union (AU) and the West African Health Organization. Through the African Union, Nigeria, like other sub-Saharan African nations has demonstrated her commitment to the attainment of global and regional development goals which aim at optimizing the health and development of children through all the stages of development from age 0-18 years. The region signed to the Convention on the Rights of the Child and thereafter adopted the African Charter on the Rights and Welfare of the Child[1] which defined all the rights a child in Africa is entitled to, including the right to optimal protection from various childhood causes of death as defined by the Save the Children's 2021 Report on Children(SCI 2021). To actualise the right of the child to optimal survival, growth and development, the continent adopted Primary Health Care and plans to strengthen its implementation through the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: achieving Better Health for Africa in the New Millennium (OUAGADOUGOU 2008)(). Concerned about access to funds for the provision of health services, the continent adopted the Abuja Declaration (2001) in which AU countries pledged to allocate "at least 15% of [the] annual budget to improve the health sector." The declaration also "urged donor countries to scale up support(ABUJA_DEC 2001) ."The Region adopted the Child Survival Strategies for the African Regionthe Maputo Plan of Action in West African Health Organization adopted the Road Map for Maternal, Newborn and Child Mortality Reduction in the ECOWAS region , among others(WAHO 2009). However, the implementation of these commitments has remained poor with the region still recording very poor health indices. Indeed, the health indices of sub-Saharan African countries remain among the poorest globally

1.4. The National Context on Child Health

Nigeria is a major contributor to the poor health indices of sub-sahara Africa. To address this, the Nigerian 1999 Constitution recognises children's and adolescents' rights to life in Article 33 which states that "every person has a right to life". The Constitution also requires each State in Article3 to "direct its policy towards ensuring that, among other things, there are adequate medical and health facilities for all persons and "children, young persons and the aged are protected against any exploitation whatsoever, and against moral and material neglect".(Constitution 1999) In recognition of these rights and in alignment with the Convention of the Rights of the Children the country enacted the Nigerian Child Rights Act in 2003(CRA

2003) which reiterates the right to life and protection from situations that will adversely impact on their survival (Article 4) Every child has a right to survival and development and prohibits child marriage (No person under the age of 18 years is capable of contracting a valid marriage, and accordingly a marriage so contracted is null and void and of no effect whatsoever). As at November 2021, 26 states have ratified and adopted the CRA2003.

1.5. The National Child Health Policy Review Process

The National Child Health Policy serves as reference document for providing a sound foundation for planning, organizing and managing the health of children in Nigeria. To address current realities, the 2006 version was updated.

The objectives of the review are:

- To use available evidence to update the policy and re-prioritise interventions for child health
- To update the policy based on emerging issues in global health landscape-specifically with respect to epidemics, health emergencies, gender mainstreaming and children with special needs
- To realign with policies, strategies, plans as well as coordination and accountability mechanisms that have overarching effect on the health of the Nigerian child.

The review process adopted are as follows:

- Re-inauguration of the National Child Health Technical Working Group (NCHTWG) with clear mandate to immediately review the National Child Health Policy
- Engagement of Consultants to facilitate the process Series of wide Stakeholders' consultation which culminated in the finalization and validation

CHAPTER TWO
SITUATION ANALYSIS

CHAPTER 2: SITUATION ANALYSIS

2.1. Geographic, Political and Demographic features

Nigeria is situated in West Africa along the Gulf of Guinea, between longitudes 2° - 15°E and latitudes 4°16' -13°53'N and has a land mass of 923,768 km^2. She is bordered by Republics of Niger and Chad (North), Benin (West), Cameroun (East) and the Atlantic Ocean (South). The climate is tropical with wet and dry seasons.

Nigeria is the 7th most populous nation with a population equivalent to **2.64%** of the total world population with 52% urban, and a median population age of 18.1 years (Fig 2). The projected population as of 2020 stands at 214,392,163 people based on the 2006 population census. According to the projected population, Nigeria has a young population structure with age less than 20 years constituting 53.1% of the population, and under-5 children are about 16%. Furthermore, half of the population are females 110,472,814 (51.5%) out of which 42,051,141 are women of reproductive age group (15-49 years)(NPC_Census 2006; RMNCAEHN_COVID 2021)

Nigeria runs a federal system of government consisting of 36 States and the Federal Capital Territory, 6 geopolitical zones and 774 local government areas (Fig. 1).

2.2. Nigeria's Health System

Nigeria's health care system is decentralised and comprises public and private health sectors as defined in the National Health Act, 2014. The health sector operates a three-tier health care system that has responsibility for tertiary, secondary, and primary health care. This three-tier system is operated through the Federal Ministry of Health (FMoH), State Ministries of Health (SMoH) and the Local Government Health Authorities (LGHA) respectively.

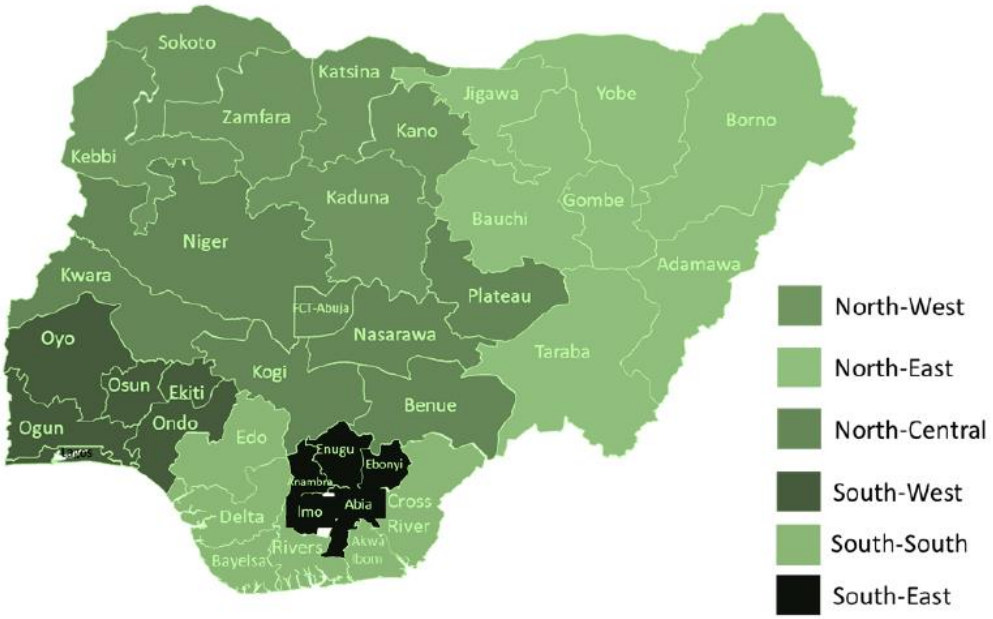

***Figure 2.1**: Map of Nigeria showing the 36 States, the FCT and the 6 geopolitical zones (VASA 2019)*

2.3. Health Status of children in Nigeria

In Nigeria, many children survive under difficult circumstances with limited access to basic health and social protection services.

Morbidity & Mortality indices

In Nigeria, childhood deaths remain high with the 2018 NDHS reporting an infant mortality rate of 67 deaths per 1,000 live births and the under-5 mortality rate of 132 deaths per 1,000 live births implying that more than 1 in 8 children in Nigeria die before their 5th birthday. Although the State of the World Children stated a Still birth rate of 22/000(SOWC 2021) live births for Nigeria, the Neonatal Mortality Rate has remained 39/1000 live births from the NDHS(NPC-NDHS 2018). The 2018 Nigeria Demographic and Health Survey (NDHS) reported a perinatal mortality rate of 49 deaths per 1,000 pregnancies and noted that it varied with risk factors such as maternal age, residence, birth intervals, maternal educational level, among others.

Current evidence shows most perinatal and neonatal deaths are preventable and that reduction in child mortality is only possible with significant reduction in neonatal mortality which contributes about a third of all under-5 deaths. (NPC 2015).

Trends

Trends in child deaths showed a decrease since 2008, with U5MR reducing from 157 deaths per 1,000 live births to 132 deaths per 1,000 live births in 2018. Similarly, there was a slight reduction in infant mortality, from 75 to 67 deaths per 1,000 live births. However, there has been no substantial change in the neonatal mortality rate over the same period. The trends in these deaths from 1990 to 2018 are shown in Fig.2.2

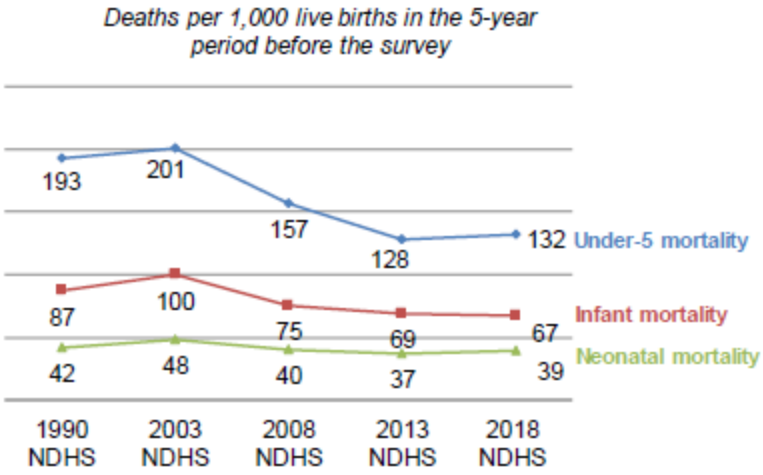

***Figure 2.2**: Trends in Early Childhood deaths in Nigeria-1990-2018(2018 NDHS)*

Nutritional status

The nutritional indices for children in Nigeria improved over 15 years however these rates are totally sub-optimal and not comparable with global standard as revealed by the last 3 NDHS (NDHS 2008, 2013, 2018). The detail indices are as shown in Fig 2.3

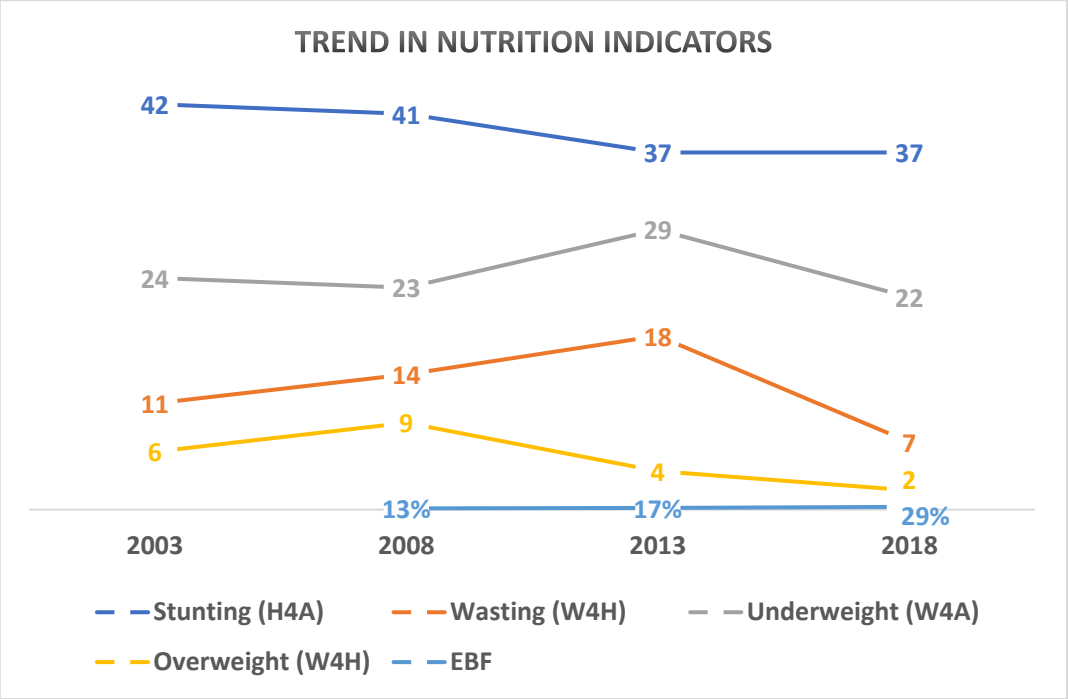

***Figure 2.3**: Trends in Nutritional Indicators. (NDHS 2003, 2008, 2013, 2018)*

Other Outcome level indices

The coverage rates for various preventive health interventions are low as shown in Fig 2.4 where the immunization coverage rates for various vaccines did not reach 80% and only 21% children aged 12-23months received all age-appropriate vaccines, and only 65% newborns were protected against tetanus at birth. 52% children slept under long lasting insecticide treated bed nets. Care seeking for acute respiratory infections and Diarrhoea diseases was recording as 40% each but 73% for fever.

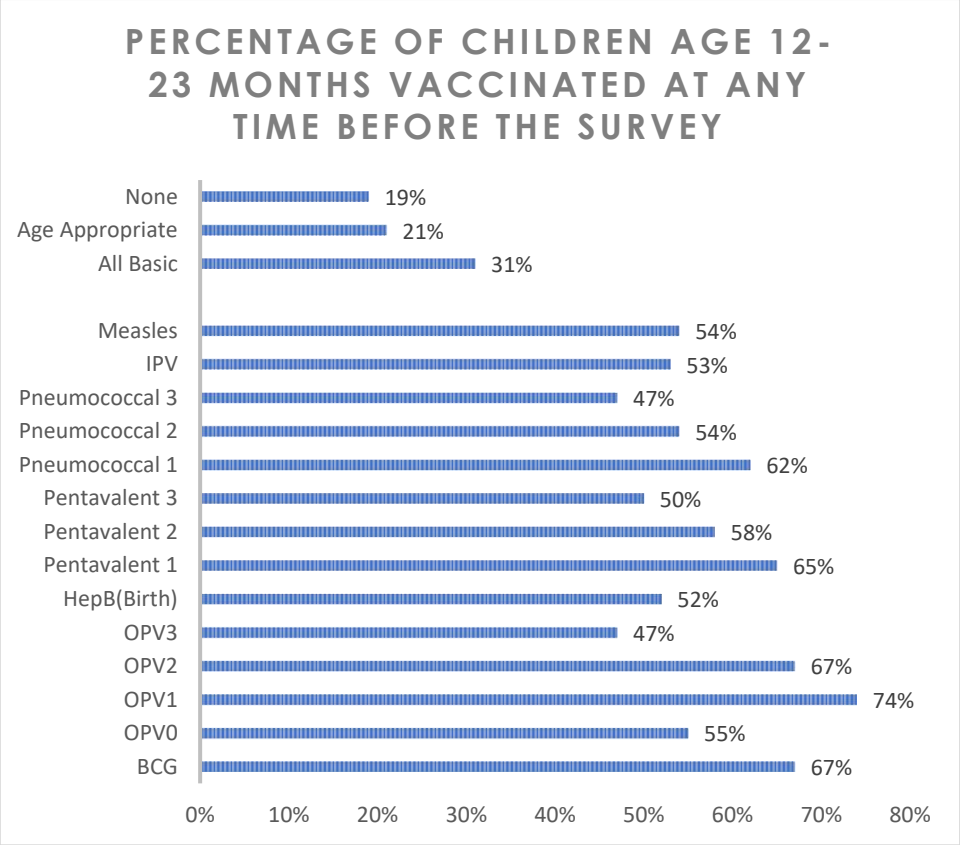

***Figure 2.4**: Childhood Vaccinations*

Disproportionate contribution to burden

Although Nigeria constitutes 2.64% of global population, in 2019, She contributed 16.5% under-five deaths, 11.1% neonatal deaths and 13.64% to deaths among 5-14 years and 8.72% stillbirths , highlighting the urgent need for efficient interventions to address the precarious child health situation in Nigeria(SOWC 2021).

The National Policy on Health and Development of Adolescents and Young People in Nigeria discussed the details on various situations related to adolescent health.

2.3. The major causes of deaths in children in Nigeria

The causes of mortality in children in Nigeria vary across the age groups. Thus the main causes of neonatal deaths as depicted in Figure 2.5are infections 44% (Sepsis 23-30% and pneumonia 12-15%), intrapartum birth injuries (18-27%) and prematurity (9%)(VASA 2019). The health of mothers is inextricably linked to newborn and child mortality and morbidity rates. Children whose mothers die have an increased risk of dying as well and those that survive the critical period of infancy have lower chances of attaining their full potentials. The causes of stillbirths and early neonatal deaths are closely linked, and it can be difficult to determine whether a death is attributable to one cause or the other. The causes of neonatal deaths based on the 2019 VASA are shown in Fig. 2.5.

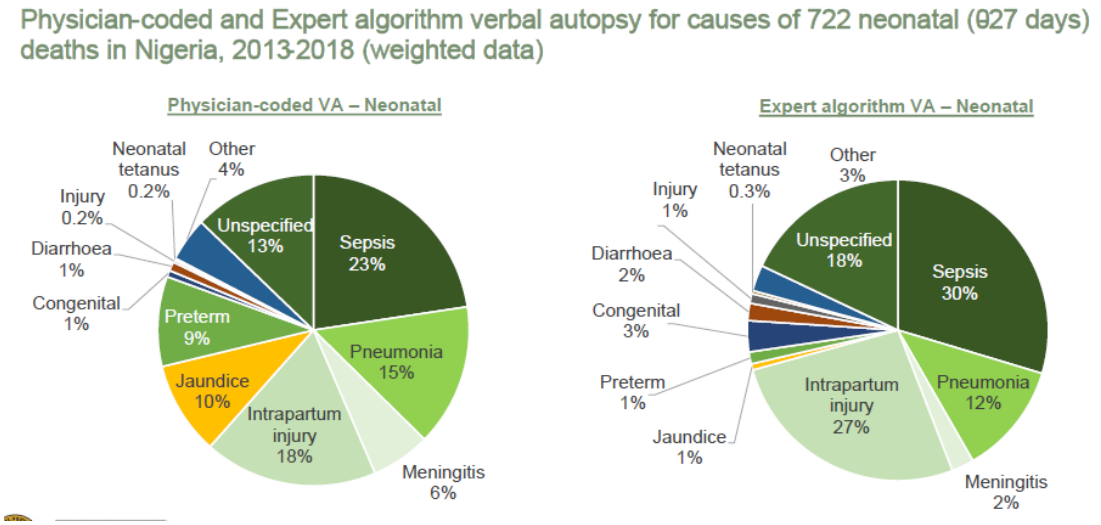

***Figure 2.5**: Causes of Neonatal deaths in Nigeria* (VASA 2019)

Among under-fives, malaria ((22%-35%), diarrhoea (17%-22%), and pneumonia (10%-12%) as well as nutritional factors form the major causes of deaths(Fig. 2.6).

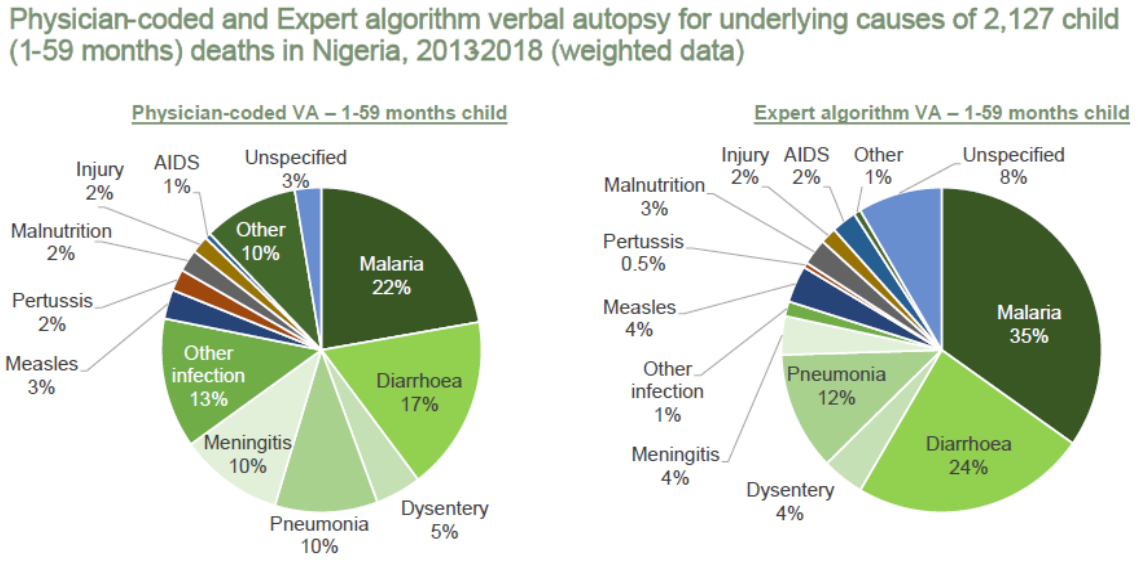

***Figure 2.6**: Major Causes Of Deaths In Children Aged 1-59 Months (VASA 2019)*

There is paucity of data on the causes of deaths among adolescents but the Child Mortality Report 2020 notes that injuries and violence are among the major causes of deaths among adolescents. For adolescent females aged 15-19 years, pregnancy-related factors contribute to their increased morbidity and mortality.

In addition to the direct causes of mortality, other underlying factors include poverty, poor immunization status, low female literacy levels, poor home practices for childcare, harmful practices, poor access to healthcare services and low expenditure on health which significantly impacts negatively on the health of the child.

Although, the pandemic of the Severe Acute Respiratory Coranavirus 2(SARS-Cov 2) of 2019 (COVID-19) had minimal direct impact on child morbidity and mortality, It had enormous impact on children through its effects on the health sector, the parents/caregivers and the economy.

2.4. Child vulnerability

A vulnerable child is one who, as a result of economic factors, disease, physical impairment, mental/ psychological, emotional, societal, environmental or political reasons is placed at a disadvantaged position when compared to children in whom these defining criteria are present (NPA FMWA-NGR 2013). Therefore, this policy recognises the following categories of children as vulnerable:

- Children living in poor households
- Orphans
- Children in need of alternative family care/deprived of primary caregivers
- Children with disabilities
- Children living on the street
- Sexually exploited children
- Exploited Almajiri children
- Children in need of legal protection
- Children infected or affected by HIV or other chronic illnesses
- Children in 'hard-to-reach' areas
- Children living in households where the breadwinner is living with HIV or other chronic illnesses and are impoverished
- Children living in households with recent deaths of a working age adult (breadwinner)
- Children who are violated, abused or neglected
- Children in exploitative labour and domestic labour
- Trafficked children
- Children at conflict with the law
- Children 'on the move' (migrant workers, nomadic and militants)
- Children affected by armed conflict and used in illicit activities
- Children in Internally Displaced People's camps and children's homes
- Socially excluded children
- Children of Female Sex Workers
- Children in 'bounded' work

In the context of this National Child Health Policy, the term "Children with Special Needs" refers to children "who have, or are at **increased risk for, chronic physical, developmental, behavioural, or emotional conditions which makes them require special, or extra, health & related support services beyond other children".** In collaboration with relevant stakeholders, the scope of this policy shall cover health needs of vulnerable children including those with birth defects, hereditary issues, neuro-developmental challenges, disabilities and other debilitating conditions.

The Situation assessment and analysis of FMWASD in 2007 survey revealed 17.5 million orphans and vulnerable children in Nigeria. The 2016-2017 Multiple Indicator Cluster Survey reported that 84.9% children aged 1-14 years experienced violent discipline while 50.8% children aged 5-17 years were involved in child labour. The

MICS Report also showed that among children aged 0-17 years, 7.5% lived with neither biological parents and 6.9% reported the death of one or both biological parents(MICS 2016). Furthermore, situations such as the increasing insurgence, insecurity, pandemics of HIV/AIDS and COVID-19, challenges associated with mental health, substance abuse, violence and injuries, climate change, non-communicable diseases are anticipated to increase the vulnerability of children in Nigeria.

National Response

Currently, the government is implementing activities towards the attainment of the Sustainable Development Goals, including the Universal Health Coverage and related strategies such as the Global Strategy for Women's Child and Adolescents' Health (2016-2030), and has increased its commitment to the implementation of various strategies that will impact on the wellbeing of children in Nigeria.

These new drives are communicated in various policies and strategies including this revised National Child Health Policy, National Health Act (2014), National Health Policy (2016), National Policy on Health and Development for Adolescents and Young People (2021-2025), the Regulations on the Marketing of Infants and Young Children's Foods(2019), the revised National Guidelines on Baby Friendly Initiatives in Nigeria and the Maternal, Infant and Young Child Nutrition Policy & Strategy (2021-2025), and the revised National Priority Agenda (NPA) on Vulnerable Children (2013-2020) by the Federal Ministry of Women Affairs.

The Child Rights Act of 2003 seeks to ensure the protection of children and calls on governments, communities, schools and homes to collaborate with relevant agencies and stakeholders to create a protective environment and equitable access to quality health care in line with the through community education and advocacy(CRA 2003). As at the end of 2020, 26 states including FCT have passed the CRA 2003 into law.

In addition, there is a strengthening of the health sector at various levels with the establishment of newer programmes such as Children with Special Needs Programme in the Federal Ministry of Health. Key initiatives are also being strengthened such as the Integrated Management of Childhood Illness (IMCI), Essential Newborn Care Course (ENCC), Integrated Community Case Management of Childhood Illness (iCCM), , National program on Imunization, Integrated Management of Acute malnutrition, Early Child Development, Primary Health Care Under One Roof(PHCUOR), among others, aimed at improving the access of children to quality health care that will improve their survival, growth, and development.

CHAPTER THREE

VISION, MISSION, GOAL, GUIDING PRINCIPLES AND LEGAL AND POLICY FRAMEWORKS

CHAPTER 3: VISION, MISSION, GOAL, GUIDING PRINCIPLES, LEGAL AND POLICY FRAMEWORKS

3.1. Vision

To provide Universal Health Coverage for all children in Nigeria (ages 0-18 years).

3.2. Mission

To provide stakeholders with a comprehensive framework for the effective harnessing of resources and programming for the optimal health, well-being, and development of children in Nigeria.

3.3. Overall Goal

The overall goal shall be to ensure the survival, optimal growth, and development of all children in Nigeria.

3.4. Guiding Principles

The guiding principles of this Policy are in alignment with those set forth in the Child Rights Act 2003, the National Health Policy 2016, the National Policy on the Health and Development of Adolescents and Young People in Nigeria (2021) and various documents set out in the legal framework for this Policy. They are:

a. **Rights-based approach**: All children, without exception, have inalienable rights to protection, information, quality health services, education and development opportunities. Equity in health resource distribution and access to health services shall be guaranteed in the spirit of social justice, ensuring that all poor and vulnerable children are prioritised.
b. **Gender responsiveness**: Health and development interventions will be guided by context-specific roles as they impact on the health of all children.
c. **Cultural sensitivity**: This Policy will provide direction for interventions that are culture-sensitive and respond effectively to the cultural setting and local values while at the same time striving uncompromisingly but respectfully towards fostering best practices in an environment that is safe, supportive, and protective of all children's health, growth and development.
d. **Participatory and consultative**: Effective engagement of all relevant stakeholders, sectors and groups shall be vigorously pursued for their optimal participation in every aspect of policy implementation and programming at all levels.
e. **Integration of services**: Appropriate integration and constellation of services at the community and primary care levels, backed with effective referrals, critical to improving the access of children to quality services. In recognition of the primary health care system as the platform for achieving universal health coverage, this Policy emphasizes the full and effective integration of all child related services into the primary health care system and operations.
f. **Life course approach**: Recognizing that the health of children is a determinant of the future adult health, this Policy emphasizes a holistic approach throughout

the life cycle to achieve the highest possible level of health and development for all children at all stages of growth and development as well as ensuring the greatest possible gains for the country's investment in children's health. Consequently, a life-course approach to child survival that recognises the continuum of care from preconception, pregnancy, and the neonatal period through to childhood and adolescence shall be a guiding principle to this Policy

g. **Evidence-based and innovation-driven**: Research, evidence and innovations are critical for effective policy implementation and programme development. This includes addressing various barriers to child health, strategic expansion of services towards achieving universal coverage, and cultivating best practices in programme design, implementation, evaluation, and learning.
h. **Quality-focused and result-oriented**: The implementation of this Policy and the associated programmes will aim at defined outcomes that are in consonance with its overall goal; programmes and services will be implemented with firm commitment to high quality and cost-effectiveness, and be guided by relevant set national standards.
i. **Recognition of levels of care**: Primary Health Care shall be the bedrock for the delivery of child health services and this shall be effectively linked to secondary and tertiary health care.

3.5. The Legal and Policy Frameworks

The National Child Health Policy is based on the following legal and policy frameworks and their revised versions:

- Constitution of the Federal Republic of Nigeria, 1999
- The Child Rights Act, 2003
- Trafficking in Persons (Prohibition) Enforcement and Administration Act, 2015(Nigeria).
- NPHCDA Act
- NAFDAC Act
- Violence Against Persons Prohibition (VAPP) Act, 2015 (Nigeria).
- National Health Insurance Authority Act. 2022
- National Health Act, 2014
- Discrimination Against Persons with Disability (Prohibition) Act, 2018
- Early child development policy 2003
- National Health Policy, 2016
- School Health policy (2007)
- National Child Policy (2007, FMWA)
- National Policy on the Health and Development of Adolescents and Young People in Nigeria 2021
- National Gender Policy - Situation Analysis/Framework -2006
- National HIV Policy, 2009
- Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030.
- The International Code of Marketing of Breastmilk Substitutes and the Subsequent World Health Assembly Resolutions and the Nigerian Code-related Regulations
- National Policy on food and nutrition 2016
- National Policy on health promotion 2019

CHAPTER FOUR
POLICY THRUSTS

CHAPTER 4: POLICY THRUSTS

Achieving the overall goal of ensuring the survival, health, growth and development of children in Nigeria requires concerted efforts to address the major underlying factors influencing child health. There is need to implement evidence-based, cost-effective interventions which prevent and treat the major causes of morbidity and mortality in children.
The policy thrusts are now presented along the major thematic areas.

4.1. Perinatal and Neonatal Health

The high contribution of perinatal and neonatal deaths to the burden of under-five deaths in Nigeria highlights the need for the implementation of high impact interventions in existing health packages targeted at all women and newborns. This Policy will complement existing policies and strategic plans in an integrated approach.

Goal
To reduce stillbirth and neonatal mortality rates and ensure optimal survival, health, growth and development for all newborns.

Objectives

- To reduce stillbirths and perinatal deaths
-
- To reduce neonatal deaths
- To reduce low incidence of birth weight

Policy Thrusts

- Promote optimal health of the girl child/woman (including nutrition) before pregnancy.
- Promote provision of quality care for mother and newborn during pregnancy, intrapatum, and postpartum period.
- Provide and ensure availability of quality essential medicines, innovative technologies and commodities for newborn care.
- Ensure mandatory level of care-specific trainings (pre-and in-service) for healthcare providers including those handling small and sick newborns
- Promote registration of all births as well as auditing of all deaths of perinates and the older child.

4.2. Children aged 1 to 59 months (Under-fives/Preschool Children)

Children in this age group are among the under-fives. The causes of deaths in this age group are mainly infections including, vaccine preventable diseases on a background of malnutrition. In addition, non-communicable diseases such as cancers, sickle cell anaemia and injuries also contribute to child death

Goal
To ensure that children aged 1-59 months survive, thrive and transform to reach their full potentials.

Objectives

- To provide optimum nutrition for infants and young children and all under-fives.
- To reduce morbidity and mortality from major causes of under-five deaths such as Acute respiratory infections, (ARI), diarrhoea, malaria and vaccine-preventable diseases.

Policy Thrusts

- Domesticate global recommendations for child survival to ensure optimal growth and development of all infants and children.
- Promote capacity building of health workers and other care providers for quality care of the under-five
- Promote food supplementation and fortification for optimal growth of under-fives
- Ensure the delivery of evidence-based, cost-effective and integrated interventions for child survival, growth and development.
- Promote availability and access to diagnostic tools and essential medicines
- Promote awareness, early diagnosis and prompt treatment of childhood diseases including non-communicable diseases.
- Promote palliative care for children with chronic or non-treatable conditions

4.3. School Age Children (Age 5-9 years)

Following early childhood and preceding adolescence, this stage of human development usually ends with the beginning of puberty. This is a phase of learning, discovery, and the beginning of independence. These children are susceptible to non-communicable diseases of childhood including obesity, injuries and child abuse.

Goal

To promote the survival, health, growth, and development of school-age children and foster their learning and independence

Objectives

- To promote the survival, health, growth, and development of school age children (age 5-9 years) and foster their learning and independence taking into consideration their health and emotional needs
- To promote health and healthcare services that meet the essential needs of school age children
- To improve the nutritional status of all school age children to optimise their growth and development

Policy Thrusts

- Revitalise comprehensive school health programme in all schools.
- Promote access to Water, Sanitation and Hygiene (WASH) services for school age children.
- Empower school-age children to take responsibility for their personal health.
- Promote health education and optimal nutrition for school-age children.

4.4. Adolescents (Age 10-19 years)

Although adolescence is often considered a healthy stage of life, adolescents face significant risks of injury, illness and death which are largely preventable or treatable.

Goal

To ensure that the Nigerian health system is adequately - responsive to deliver quality health services to adolescents- and youths thereby reducing morbidity and mortality among them.

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Objectives and Policy Thrust

The implementation of the NCHP and the NPHDAYPN two policies shall be concurrently to guarantee optimal health to the children in Nigeria

The Objectives are stated in the National Policy on the Health and Development of Adolescents and Young People in Nigeria, 2021

4.5. The School Health Programme

School health programme is one of the strategies for the attainment of education and health related sustainable development goals.

Children and adolescents in Nigeria face special challenges to their optimal development which affect their school attendance and performances. Furthermore, school attendance and performance are also influenced by diverse factors including social determinants of health – poverty, gender, peer influence, pregnancy, drugs and alcohol use. These may be further modified by health conditions such as communicable and non-communicable diseases

Goal

To promote the healthy growth and development of all children in school

Objectives

- To provide social and behaviour change health information and promote healthy practices and healthcare services that meet the essential needs of all school children, through collaborative efforts of the school, home and the community.
- To build the skills of learners and staff for health promotion in the school community.
- To ensure that children are in harmony with their psychosocial environment.

Policy Thrusts

- Strengthen and scale up comprehensive school health programmes in all schools.
- Institutionalise mandatory pre-admission medical examinations in schools at all levels
- Promote age-appropriate full immunisation before all stages of school entry.
- Collaborate with communities and relevant institutions to ensure that schools have access to adequate WASH facilities and security
- Promote Home Grown School Feeding Programme

4.6. Vulnerable Children

In addressing the burden of vulnerable children and their prevailing needs, a multisectoral approach will be required. This Policy will provide direction on the health component of this multisectoral response.

Goals

- To prevent children from becoming vulnerable
- To ensure all vulnerable children survive, thrive and transform to reach their full potential.

Objectives

- To provide an enabling and safe environment for the optimal growth and development of all children
- To ensure all vulnerable children have equitable access to and benefit from qualitative and comprehensive health care and/or rehabilitation services.
- To ensure that all children are safe from harmful practices and abuse, violence, exploitation, discrimination and neglect

Policy Thrusts

- Promote equitable access to comprehensive quality health services for vulnerable children
- Strengthen, collaborate and coordinate institutions supporting vulnerable children in the community for health care and referral services.
- Advocate for legislation and the enforcement of appropriate laws that ensure safer and enabling environment for the prevention of injuries and abuses.
- Promote intervention that reduce risk of vulnerability in children
- Establish systems that track incidence & trends in priority health conditions that increase child vulnerabilities
- Promote positive health seeking behaviour, social and behaviour change (SBC) in line with the provisions of the Child Rights Act 2003.
- Empower health institutions to protect the rights of a child in need of healthcare services.

CHAPTER FIVE

POLICY IMPLEMENTATION

CHAPTER 5: POLICY IMPLEMENTATION

5.1 General Implementation Requirements

The National Child Health Policy (NCHP) is complementary to extant policies that have implication for the health of the child within the scope of the overall National Health Policy of 2016. Consequently, the following processes set out for the implementation of the National Health Policy shall be adopted for the implementation of this Policy.

a. Dissemination of the Policy: There shall be widespread dissemination of the National Child Health Policy, and related documents using various platforms.

b. **State- level adaptation**

i. All the States and the Federal Capital Territory shall be encouraged to adapt &/or adopt the National Council on Health
ii. Local governments' structure shall be strengthened for effective provision of primary health care through the State Primary Health Care Management Board and the LGA Health Authorities.
iii. Strengthen interventions at community levels to ensure healthy growth and development of children and adolescents

c. Strategic Plans: The implementation of activities that will lead to the attainment of the goals, objectives and targets of the National Child Health Policy are largely covered by the National Strategic Health Development Plan II (2018-2022). Additionally, strategic plans for other aspects of child health issues should be developed and implemented as appropriate. Existing Policies & strategies for other child health programmes shall also be implemented to contribute to the attainment of the goals, objectives and targets of this Policy

d. There shall be periodic reviews of the progress in implementation of this policy and this will form part of the discussions at the National Council on Health from time to time.

e. Medium Term Plans shall be developed from the strategic plans covering a period of 2-3years. Annual Operational plans shall then be developed for full implementation.

5.2. Establishment and Strengthening of a Multi-Sectoral Partnership Coordination Platforms at all levels

The health of the child, especially the newborn, is intricately linked to that of the mother, therefore choosing the right implementation framework that reflects this continuum and interdependency will facilitate the accelerated attainment of the goals and objectives of this policy. A robust partnership coordination platform shall be established and/or strengthened at both National and State levels, to address coordination & synergy in the implementation of NCHP. Within the context of an integrated coordination platform, the National Child Health Technical Working Group shall be strengthened to coordinate the implementation of the NCHP.

5.3. Strengthening the Health System

For a successful implementation of the policy, government, in collaboration with the relevant stakeholders – including the private sector, shall ensure the health system shall be strengthened in an equitable and timely manner along the expanded health systems building blocks:

- Leadership & Governance for Newborn Health
- Health Services Delivery
- Health Finance
- Human Resources for Health
- Medicines, Vaccines and other Health Technologies
- Health Infrastructures
- Health Information System (HIS)
- Partnership in Health
- Health Research and Development
- Health Promotion, Community Ownership, and Participation

The policy shall be operationalized within the framework of strategic plans and extant medium-term instruments which shall be periodically reviewed and updated as necessary.

5.4. Community Involvement and Advocacy

The community should be seen as a fourth layer in the health system that must be addressed by the NCHP. The strategies to actualise the goals of this policy shall prioritise full involvement of community players, gatekeepers, and end users right from the design through to implementation stages. The NCHP shall also promote implementation of the National Policy & strategic framework for Community Health.

5.6. Communication

Successful implementation of the NCHP requires a clear communication strategy. The NCHP shall be implemented in line with the National Health promotion policy and strategic framework (NHPPSF). In this regard, the NCHP in the context of NHPPSF will:

- Promote evidence-based social and behaviour change strategies for both child health service providers and the community.
- Advocate for resource support for child health interventions
- Promote positive behaviour and lifestyle that reduce child morbidity and mortality
- Strengthen social media platforms to promote child health interventions

5.7. Research and Development

Implementation of NCHP requires that priority research areas be articulated to understand operational realities and address emerging issues. Research institutions shall be strengthened to undertake priority research for child health. The aim will be to promote building of capacities for research on child health as well as to strengthen the linkages between researchers and policy makers to ensure policy development processes are informed by evidence.

5.8. Child Healthcare Financing

To have the desired impact on the reduction of child mortality, sufficient supply of child health services and interventions as well as unhindered and equitable access to these services are critical elements. The principle of universal health coverage shall be upheld to see that no child is left behind.

- Prioritise implementation of child health interventions in the utilisation of Pro-poor funds for health initiatives
- Promote the domestication of contributory health scheme laws for children in all States to guarantee access to quality health care services.
- Encourage private sector participation in the implementation of the Child Health Policy
- Accountability mechanisms in relation to child health programmes should be established/strengthened at all levels

CHAPTER SIX

ROLES AND RESPONSIBILITIES

CHAPTER SIX: ROLES AND RESPONSIBILITIES

The roles and responsibilities for implementation of this Policy rest on the following:

- The Federal Ministry of Health
- Line Ministries at Federal & State levels
- The State Ministries of Health and the Federal Capital Territory's Health Secretariat
- Relevant Parastatals under the Federal and State Ministries of Health
- All Local Government Health Authorities
- Academia
- Professional bodies
- All Ward Health Committees
- All village health committees
- The private sectors
- Development partners
- Other relevant stakeholders

In defining these roles and responsibilities, special emphasis will be placed on the integration, coordination, collaboration and decentralisation of the implementation to ensure that all children (including vulnerable ones) are reached.

6.1. Federal Ministry of Health (FMoH)

The FMoH shall be responsible for coordinating the formulation, dissemination and of implementation, provision of technical assistance to state to domesticate the policy, as well as monitoring and evaluation and reporting on the implementation of the Policy. To achieve this, the following shall be done:

6.1.1 Training/Capacity Building

- The Federal Ministry of Health shall lead the establishment of standards of practice and development of guidelines, for capacity development for all health personnel at all levels.
- It shall provide technical support for curriculum development, training, and continuing education.
- The focus will be on both pre-service and in-service trainings that support the creation of friendly and health-promoting environments for client-focused service delivery, including interpersonal communication and counselling.

6.1.2 Service Delivery

The Federal Ministry of Health shall:

- Coordinate the integration of healthcare services into existing initiatives or structures and promote the implementation of appropriate strategies.
- Define standards with respect to the delivery of holistic child health care services.
- Support effective implementation and reporting of child health programmes in public and private sectors.

- Issue guidelines to assist the States and Local Government Councils to plan, implement, monitor child health programmes.
- Strengthen the implementation of the two-way referral system.

6.1.3 Medicines and Equipment

``The Federal Ministry of Health shall:

- Strengthen the Drug Revolving Fund, guided by the Essential Medicines List.
- Provide enabling environment for the availability of essential medicines for all children within the framework of the BHCPF
- Promote the decentralised procurement and supply of equipment and materials for the smooth running of activities relevant to child health programmes in health facilities/institutions.
- Procure medicines from accredited manufacturers in line with National Drug Policy.
- Promote an enabling environment for the local production of commodities including production of Active Pharmaceutical Ingredients (APIs).

6.1.4 Research

The Federal Ministry of Health shall, in collaboration with research institutions, non-governmental organisations, the private sector and the mass media, initiate and support research activities relevant to the growth, development and survival of the child. The Ministry shall coordinate research activities in the country and translate the outcome of such research to inform its policies and programmes.

6.1.5 Behaviour Change Communication and Advocacy

The Federal Ministry of Health shall:

- Support adaptation and Strengthening of Social & **Behaviour Change** strategies geared towards promoting child health interventions, **in an integrated manner.**
- Advocacy to promote the implementation of the Child Health Policy.
- Engagement of the mass media in creating and maintaining public awareness and enlightenment on issues concerning child health.
- Promote use of the social media platforms for child health issues.

6.1.6 Child Health Legislation

The Federal Ministry of Health shall collaborate with the Federal Ministries of Women Affairs, Justice and other relevant MDAs, Development partners, Civil Society Organization, to advocate for the domestication of the Child Rights Act in all the 36 states and FCT.

- Advocate for the implementation of the provisions of the Child Right Act.

6.1.7 Mentoring and supervision

- Strengthen supervision mechanisms in an integrated manner
- Establish effective mentoring strategies.

6.1.8

The Federal Ministry of Health shall source for funds and advocate for increased allocation to health for implementation of relevant child health programmes and ensure optimal use of available resources.

6.1.9 Monitoring and Evaluation

The Federal Ministry of Health shall, in collaboration with other stakeholders,:

- Strengthen the National Health Management Information System (NHMIS) to track progress.
- Establish/strengthen platforms that provide snapshot view on progress of NCHP implementation
- Enhance collaboration with relevant bodies to appropriately report on child health indicators.
- Promote platforms for periodic review of progress of NCHP implementation
- Coordinate the monitoring and evaluation of child health programmes,
- Strengthen mechanisms for timely feedback to States and Local Government Areas (LGAs).

6.2. National Primary Health Care Development Agency (NPHCDA)

The National Primary Health Care Development Agency shall:

- Advocate and Provide support for the implementation of all plans developed to achieve the set targets of the NCHP
- Build and strengthen State and LGA-level capacity for the training of community-level care providers on the implementation of relevant aspects of the NCHP
- Provide technical support to States and LGAs for the effective implementation of NCHP
- Provide guidelines for operationalization of NCHP at the primary level of care
- Provide framework for the management of the Basic Health Care Provision fund to support the NCHP
- Provide evidence, best practices and innovations to support the NCHP
- Mobilise resources for child health programmes.
- Provide support for the monitoring and evaluation of child health policies in the Primary Health Care levels.

6.3. The NHIS shall:

- Work with stakeholders to accelerate the implementation of the basic minimum package of health services (BMPHS) which covers child health.
- Monitor the compliance of State Social Health Insurance schemes (SSHISs) with the BHCPF guidelines to ensure that all children especially under-fives in the community have unrestricted access to health care services.
- Use evidence-based advocacy to promote the inclusion of pre-adolescent children (5-9 years) as priority population in the category of persons eligible for exemption from payment for health care services through the BHCPF.
- Collaborate with relevant stakeholders to provide innovative ways of increasing funding for the BHCPF.
- Provide technical support to states in the development of their guidelines for the operationalization of the state social health insurance schemes.

- Encourage states to meet-up with the conditions necessary for the release of counterpart funding for the implementation of the BMPHS which covers childhood illnesses.

6.4. The National Agency for Food and Drug Administration and Control (NAFDAC) shall:

i. regulate and control the importation, manufacture, advertisement, distribution, sale, and post marketing surveillance of breast milk substitutes, food nutritional supplements and drugs;
ii. undertake measures to ensure that the use of narcotic drugs and psychotropic substances are limited to medical and scientific purposes;
iii. undertake and co-ordinate research programmes on the storage, adulteration, distribution and rational use of food, drugs, medical devices, bottled water and chemicals relevant to child health

6.5. State Ministries of Health

The functions of the State Ministries of Health mirror those of the Federal Ministry of Health. With respect to providing strategic direction, states adapt the national policy and also carry out the actual implementation.

6.5.1 Training

State Ministries of Health (including the SPHCDA/B) shall:

- Regularly update the knowledge and skills of health workers to perform the functions relevant to child health interventions in the States.
- Ensure that healthcare providers are trained in the methods, skills and processes that will help mobilize communities towards positive child health practices, including the promotion of community ownership and sustainability.

6.5.2 Service Delivery

The State Ministries of Health shall:

- Adapt and ensure the effective implementation of the Child Health Policy in collaboration with health training institutions, relevant professional associations, development partners, opinion leaders and members of the public.
- Adapt and ensure the effective implementation of the basic Minimum package of health Service, Minimum Standard for PHCs as well as the National Task Shifting and Task Sharing Policies
- Ensure the effective implementation of child health programmes in public and private institutions, in line with the Child Health Policy.
- Recruitment and retention of qualified and skilled health personnel in all state health facilities.
- Produce and disseminate Standard Operating Procedures (SOPs) and the adapted Policy to all LGAs for distribution to health facilities to ensure standardized services.
- Initiate and maintain a multi-sectoral and multi-disciplinary approach to child health.

- Strengthen existing health facilities to become functional and ensure equity in the future placement of functional health facilities in order to improve access to child health services, in line with the National Strategic Health Development Plan II (NSHDPII).
- Collaborate with Federal, LGAs and communities to identify and implement priority programmes related to child health.
- Strengthen existing community-based health services and outreach programmes as well as encourage the private sector to do the same.
- Strengthen the implementation of the two-way referral system.

6.5.3 Medicines, Equipment and Infrastructure

State Ministries of health shall:

- Strengthen the Logistics Management Coordinating Unit (LMCU) to ensure regular supply and timely distribution of quality medicines as well as other supplies and medical equipment.
- Implement a Drug Revolving Fund (DRF)guided by the Essential Medicine List.
- Procure medicines from accredited manufacturers, in line with the National Drug Policy.
- Adopt and implement the policy on Planned Preventive Maintenance (PPM) of health infrastructure, equipment and vehicles to ensure sustained functionality.
- Coordinate and conduct periodic and systematic needs assessment related to medicine, equipment and infrastructure, as required for child health services

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6.5.4 Finance

The State Ministry of Health shall source for funds and advocate for increased allocation to health for implementation of relevant child health programmes and ensure optimal use of available resources.

6.5.5 State Health Insurance Scheme

States Health Insurance Scheme shall:

- Comply with BHCPF guidelines as issued by the NPHCDA and NHIS
- Advocate for inclusion of pre-adolescent children (5-9 years) to be in the category of persons eligible for exemption from payment for health care services through the National Health Act (NHAct).
- Advocate for the inclusion in the budget and release of counterpart funding for effective participation in the BHCPF. Explore innovative mechanisms for mobilising and allocating resources for child healthcare.

6.5.6 Monitoring and Evaluation

State Ministries of Health shall:

- Facilitate data collection, analysis and use for decision making in child health.
- Encourage data collection and disaggregation for pre –adolescent (5-9years)
- Strengthen the State Health Management Information System and use the data to track progress
- Ensure the flow of data from community to e National instance (DHIS) .
- Promote the use of Scorecard to assess performance for decision making towards the reduction of morbidity and mortality rates in children.

- Institutionalize supportive supervision and monitoring of health-related activities in States and LGAs using the integrated supportive supervision tool.

6.5.7 Social Behavioural Change Communication (SBCC)

State ministries of health shall in collaboration with State Primary Healthcare Agencies/Boards, Local Government and the community,

- Promote systematic and sustained community Key Household Practices (KHHP) through multiple media in collaboration with non-governmental organisations, community-based organizations, Faith Based Organization, community leaders, families and individuals.
- Provide guidance on information dissemination in Creating and maintaining public health awareness on child health.

6.6. State Primary Health Care Agencies/Boards in collaboration with Local Government Councils

6.6.1 Mobilisation

State Primary Healthcare Boards shall:

- Mobilise and sensitize the communities to participate in the planning, implementation, monitoring and supervision of child health services through the involvement of traditional leaders, religious leaders and other influential persons and groups.
- Motivate communities to mobilize resources to undertake, own and sustain child health programmes.

6.6.3 Service Delivery

State Primary Healthcare Boards shall:

- Collaborate with the Local Government Councils to identify and implement priority programmes related to child health and ensure effective implementation.
- Ensure availability of Standard Operating Procedures (SOP) in both public and private health facilities to ensure standardized services.
- Integrate and strengthen existing child health community-based outreaches

- Strengthen the Ward and Village Development Committees to support child healthcare services
- Strengthen the functionality of existing village health posts for child healthcare to compliment the services of the Primary Health Care facilities.
- Strengthen the implementation of the two-way referral system.
- Ensure sustainability of community-based child healthcare services

6.6.4 Medicines, Equipment and Infrastructure

State Primary Healthcare Boards shall:

- Periodically review the existing logistics system to ensure regular and timely distribution of quality medicines, medical equipment and other supplies.
- Periodically review the state of health infrastructure, equipment and vehicles to ensure regular and timely maintenance.

- Collaborate with the relevant state government to conduct periodic and systematic needs assessment related to medicine, equipment, and infrastructure as required for child health services.
- Adapt the national medicine and other commodities logistic system to ensure the regular supply and timely distribution of quality medicines, medical equipment and other supplies.
- Implement a Drug Revolving Fund/Sustainable Drug System Supply based on the principle of decentralised implementation and guided by the Essential Medicine List.
- Procure medicines from accredited manufacturers, in line with the National Drug Policy.
- Adopt Planned Preventive Maintenance (PPM) of health infrastructure, equipment and vehicles to ensure sustained functionality.

6.6.5 Finance

State Primary Healthcare Boards shall:

- Work with partners and stakeholders to support the accelerated implementation and coverage of pre-payment schemes under the BHCPF
- Support State Contributory Health Schemes in order to ensure that under-five and pre-adolescent (5-9years) children in the community have unrestricted access to health services.
- In collaboration with state Social Health Insurance Agencies, promote inclusion of school-age children (5-9 years) in the category of persons eligible for exemption from payment for health care services through the national health act.
- Allocate and promptly release funds for child health programmes and maintenance of Primary health facilities.
- Collaborate with relevant line ministries, international agencies, NGOs and other stakeholders to secure financial and technical assistance for the implementation of child health programmes.

6.6.6 Monitoring and Evaluation

State Primary Healthcare Board shall:

- Facilitate data collection, processing, and dissemination of information on child health.
- Strengthen the LGA Monitoring and Evaluation (M&E) System and use the data to track any progress in reducing morbidity and mortality rates in children.
- Collect all relevant data from communities, public and private health facilities for planning and decision-making and promptly forward the data to the state government.
- Institutionalize integrated supportive supervision and monitoring of health-related activities in LGAs.
- Ensure full participation of traditional/religious leaders in monitoring of child health services through ward/village development committees
- Link facility and community service data to HMIS

6.6.7 Social Behaviour Change Communication (SBCC)

The state Primary Health Care Board in collaboration with Local Government Councils shall foster the systematic and sustained community promotion of key household practices through multiple media in collaboration with non-governmental organisations, community-based organizations, Faith Based Organization, community leaders, families and individuals

6.7. Ward and Village Development Committees

- Ward and village development committees shall:
- Promote the implementation of the Child Health services in line with policy under the ward health system
- Sensitize and mobilize communities to accept and participate in child health activities.
- Collaborate with the LGA-Health Management Committee to provide functional child healthcare services in health facilities and ensure ownership.
- Support the performance, monitoring, integrated supportive supervision, documentation and evaluation of child health programmes.
- Mobilise the community members to be enrolled into the State Health Insurance Schemes .
- Support a two-way referral system.

6.8. Communities, Households, Families and Individuals

Communities, households, families and individuals shall:

- Support children to enable them survive, thrive and transform in an environment that promotes their health, well-being and prepare them adequately for adult life.
- Give children, depending on their age and level of maturity, opportunities to participate actively in all discussions and decisions about their health and welfare.
- Provide for the identification of children at the household level who are sick or require special attention.

- Promote care seeking behaviour.
- Make themselves available for enlistment into the State Health Insurance Scheme

6.9. Development Partners

Development Partners in collaboration with Federal, State, and Local Government shall:

- Provide evidence and new innovations for country level child health progammes based on global best practices.
- Support generation of country specific evidence on health needs of children
- Provide technical support for child health programmes at all levels.
- Facilitate resource mobilization for child health programmes and pre-payment schemes for children
- Support smooth coordination of implementation of NCHP

6.10. Civil Society Organizations (CSOs)

Civil Society Organizations **including**: Non-Governmental Organisations (**NGOs)**, Faith Based Organizations (FBOs) and Community Based Organizations (CBOs) in collaboration with Federal, State and Local Governments shall:

- Support communities to identify their child health needs.
- Advocate for transparency and accountability for implementation of child health programs.
- Advocate for domestication and implementation of the Child Right Act
- Initiate innovative child health interventions that will serve as models for scale up.
- Assist the government in developing and implementing Social Behaviour Change Communication (SBC) programmes for child health.
- Support the training of CHIPS personnel and other Community-based health care workers in the delivery of child healthcare services.
- Assist in the planning, implementation, supervision, monitoring and evaluation and reporting of child health programmes.
- Mobilise the community to embark on awareness campaigns to eradicate harmful practices affecting children.
- Support the provision of community-based and outreach child healthcare services which will be affordable, accessible, acceptable and sustainable.

6.11. Regulatory Bodies, Training Institutions and Professional Associations

Professional Associations

- Shall ensure that the services they provide are of high quality and ethical standards in the spirit of inter-professional collaboration and in conformity with the National Health Act (2014) and the NHP
- Professional association shall institutionalise mentorship programme for healthcare providers.

Professional Regulatory Bodies

- Shall regulate the standards of practice of health professionals across all cadres of health practice in Nigeria.;
- Shall institute and routinely conduct continuing professional development programs, for both pre-service and in-service and update courses for all cadres of health professionals.

Training institutions

Medical Schools, Schools/ colleges of Nursing, Schools of Midwifery, Schools of Public Health, Schools/ Colleges of Health Technology and other schools of health sciences shall reflect in their curriculum current child survival strategies and shall provide appropriate practical training in these areas.

Academia and Research institutions

- Shall participate in research and development for healthcare delivery;
- Shall support capacity development for health service delivery and;
- Shall provide technical assistance in advancing health programmes.

6.12. Line MDAs at Federal and State levels that impact on child health

E.g., Ministry of Education, Ministry of Women Affairs, Ministry of Justice, Ministry of Finance, Budget and National Planning, Information, Youths and Sports, Humanitarian Affairs, Disaster Management and Social Development, National Orientation Agency, National Emergency Management Agency (NEMA) e.t.c.

- These line - ministries should give priority to programs that promotes the development, safety, health of children in their budgeting and planning.

6.14. Children

Children's meaningful participation in the health decision-making process is important, as this directly affects them as citizens with rights and who can act to secure these rights themselves.

In this regard children shall:

- Exercise their right to participate in the development of policies, programs and activities that affect their health including advocacy, planning and monitoring the implementation of health activities to enforce accountability.
- Influence the choice, nature and quality of the services they receive.
- Act as change agents to educate and influence their peers, parents and other community members to promote child health issues.
- Actively participate in the legislative processes for enactment of laws matters relating to health of children
- Support families and their communities to raise emerging health issues within their families and communities.
- Support community actions to address health challenges that affects not only children but the entire community.
- Engage in peer-to-peer education, share and disseminate health knowledge among themselves
- Join in safeguarding health facilities within their domain

National Council of States

- Shall advocate and ensure the adoption of the NCHP by all the states and;
- Shall ensure adequate national resourcing for full implementation of the NCHP.

The National Assembly

- Shall advocate for domestication of the CRA by states and ensure that relevant aspects of the NCHP are reflected in the revised Nigerian constitution
- Shall facilitate the passage of relevant child health legislations;
- Shall ensure that adequate resources are appropriated and disbursed in a timely manner to ensure that child health activities/interventions are carried out as planned and;
- Shall undertake regular oversight activities to ensure that money disbursed are effectively and efficiently used for the purposes intended.

The State Houses of Assembly

- Shall ensure adoption &/or adaptation of the CRA and support its full implementation
- Shall mirror the roles and responsibilities of the National Assembly at the state level.

National Council on Health

- Shall ensure that a strong national health system is established on the basis of the NCHP;
- Shall be responsible for offering advice to the Federal Government of Nigeria, through the Minister of Health, on matters relating to the development of national guidelines on health and the implementation of the NCHP at national level;
- Shall ensure that all the goals and objectives of the NCHP are implemented across the country;
- Shall monitor progress on the adoption and adaptation of the NCHP in all states and LGAs and;
- Shall monitor the implementation of the NCHP.

State Councils on Health

- Shall ensure the development of a State Health Policy;
- Shall mobilize and involve all LGAs within each state to adopt/adapt and implement the NCHP and;
- Shall mirror the National Council on Health at the state level in other matters.

The Governor's Forum

- Shall include discussions on health issues of national interest in their agenda and take common positions.

Conference of Speakers of State Houses of Assembly

- Shall include discussions on health of national interest in their meetings.

CHAPTER SEVEN

MONITORING AND EVALUATION

CHAPTER 7.0: MONITORING AND EVALUATION

Monitoring and evaluation (M&E) is critical to assess the implementation of this NCHP. In this regard, both process and impact indicators will be used.

- Performance tracking of the child health services depends on the integrity, strength and consistency of the Monitoring and Evaluation (M&E) system which allows managers and providers of child health services to measure progress, identify gaps, prioritize interventions, and document achievements in the implementation process.

- M&E framework shall be used to track progress in the implementation of the NCHP, compared with baseline values

- M&E of Child Health interventions shall be mainstreamed into the national accountability framework for health sector performance, system audit, feedback systems, due process in procurement and independent verification

- M&E of Child Health interventions shall strengthen existing systems for effective monitoring, surveillance, and evaluation in the whole channel for health care delivery.

7.1. Monitoring

- Specific indicators for monitoring progress will be fully specified in the Strategic Plans that address the health of children in Nigeria
- Governments at all levels and other stakeholders will be involved in the monitoring of the implementation of the National Child Health Policy
- Framework and institutional arrangements for monitoring shall include community structures.
- Effective monitoring of Child Health Interventions shall include operational programmatic, financial and other related matters

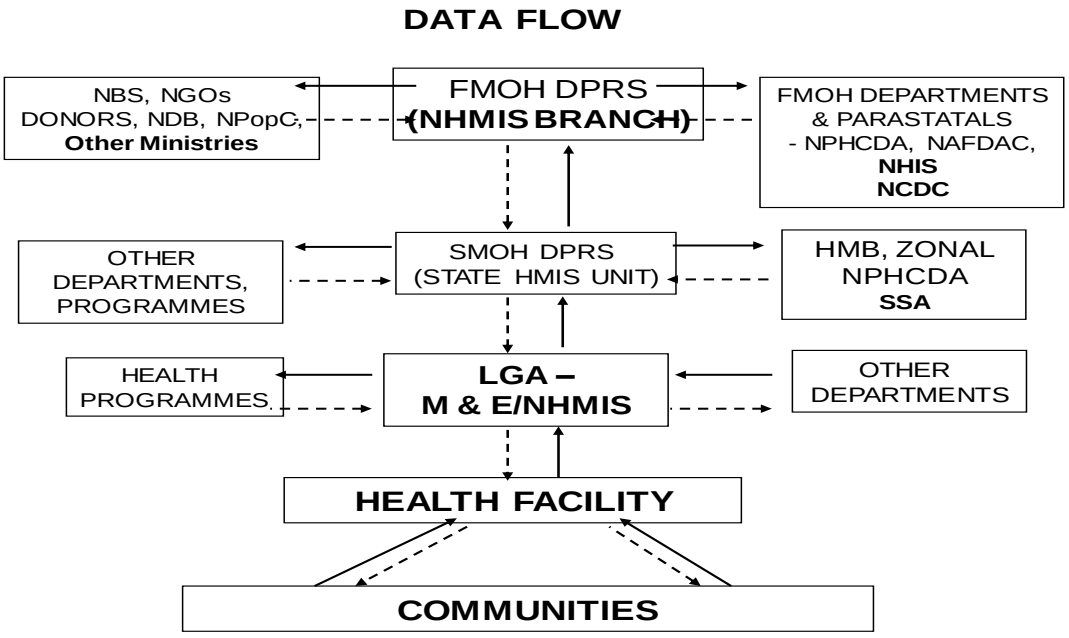
7.2. Evaluation

Evaluation will be conducted periodically to assess the impact of the implementation of the Child Health Policy. Progress made on impact indicators will be tracked from sources such as:

- The National Demographic and Health Survey (NDHS)
- Multiple Indicator Cluster Surveys (MICS)
- National Immunization Coverage Survey (NICS)
- Other program surveys

7.3. Data flow

Data flow will be bi-directional in line with national health information system policy as illustrated in the diagram below.



7.4. Benchmarks

For the purpose of monitoring the implementation of this policy, benchmarks shall be used to identify achievements. The following benchmarks have been identified:

- Adoption of the policy by the National Council on Health.
- Dissemination through print and electronic platforms
- Development of costed National strateg(ies)
- Adaptation/Adoption by states.
- Availability of budget lines for implementation of NCHP

7.4. Indicators

Progress indicators have been selected in line with the national Health information system policy. In this respect the following indicators.

Impact indicators

- Still births rate
- Perinatal Mortality Rate
- Infant Mortality Rate
- Neonatal Mortality Rate
- Under Five Mortality Rate
- Maternal Mortality Ratio
- Mortality rate of Children aged 5-9 years

- Adolescent death rate
- Stunting Rate
- Underweight
- Wasting
- Low birth weight Rate

7.5. Tracking

All indicators will be tracked through processes which are aligned with the Health Information system Policy

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