

***REPUBLIC OF SUDAN
FEDERAL MINISTRY OF HEALTH***

National Child Health Policy
First part
Children under – Five

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Foreword

More than a hundred children in every thousand die before reaching their fifth birthday at global level, many of them are from developing countries. Most of the deaths are due to preventable disease and conditions for which interventions are available.

Some of those that survive suffer from mental, physical complications and as a result face life long diminished quality of life and inability to develop to their full potential. Poor nutrition and frequent episodes of illness limit the young child's opportunities to explore the world during a critical period of learning basic intellectual and social skills. This situation is not uncommon in many parts of Sudan.

The Millennium Development Goals adopted at the Millennium Summit in September 2000 call for expanded efforts to improve child health and reduce child mortality rate by two thirds among children under-five by 2015. Sudan is one of the countries committed to MDGs and to all global conventions such as Child Rights Convention (CRC), 1999 at the World summit and UN General Assembly Special Session for HIV/AIDS and Children (UNGAS).

This National Policy document aims to provide the vision and guiding frameworks to the Government of Sudan and to all stakeholders involved in child health, to pave the road towards achieving the MDGs and fulfilling its commitment to improve the quality of life of Sudanese children and their welfare.

By presenting this policy document, we are building the foundation of an enabling and supportive environment for all actors towards an effective and efficient response that is tailored to better suit the context of Sudan.

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Introduction:

The National Health Policy will focus on under five children, including vulnerable groups i.e. children with special needs and in special circumstances in order to cover all possible interventions carried by different sectors towards achieving MDGs. It is expected that when the systems are restored with anticipated post conflict reconstruction plan, better knowledge on main issues affecting other child cohort will be made available, to enable revision of the policy and the accommodation of older children as well as adolescents.

Policy Context:

Child health and well-being has been the main concern for all nations worldwide for decades. However, recent events such as the World Child Summit in 1990 and the succeeding local and international conferences and initiatives, the Millennium Declaration and the Millennium Development Goals (MDGs) have fostered and emphasized the importance of child rights, including health and education and the right to development. These initiatives paved the way to improve child health, welfare and quality of life of children. The Government of Sudan is committed and will continue its commitment to the regional and international mandates and agreements concerning child health and well-being. The Federal Ministry of Health (FMOH) envisaged these international mandates in its strategies and plans which clearly testify its commitment to the health of the nation. This commitment is shown in the ten years national strategic plan for 1992-2002, and the 25-years strategy for the years 2003-2027 in which child health is considered as one of the national public health priorities. Recently the “Sudanese Child Law” effected by a presidential decree 2003, developed a set of laws to protect and promote children including health, education and other developmental needs.

Setting sound health policy and plans based on the best available evidence, information and critical analysis of the situation is emphasized as one of the future strategic directions in the 25-years strategy document (national strategy 2003). The FMOH has gone further to implement these commitments through building partnerships with international and different national bodies and sectors.

1. Policy Goal:

Development of a NCHP document will help institutionalizing child health interventions, ensure their harmony and sustainability and will provide a guiding reference to Federal, State and locality (district) levels and partners

to better direct all efforts towards achieving the ambitious MDGs “ Reducing child mortality by two third by the year 2015” .

2. Policy Objectives:

The objectives of NCHP are to:

1. Set long term, outcome oriented directions and priorities for child health development.
2. Establish coordinated and collaborative mechanisms and strategies for convergence of sectoral inputs that will serve child development.
3. Commits financial and human resources
4. Ensure access of all children to sustainable, complete and flexible continuum of quality and effective services with focus on health services.

3. Principles and values:

The NCHP is based on selected principles and values. Those are:

1. Provision of barrier-free, priority-based, timely and equitable health services accessed by all children regardless of age, sex, language, culture, religion and location.
2. Provision of a continuum of services that is effective, appropriate, responsive, comprehensive, and planned upon evidence.
3. Collaborative, coordinated and integrated programming within systems serving child with the objective of seamless service for children.
4. Accountability based on positive outcomes to children

Chapter One

Policy Themes

1- Policy issues

The situation analysis has in fact pointed to many issues affecting child health; these issues are grouped under the following frame work:

Regulation and/ or legislations Issues:

1. Standards and legislations that regulate child health services are not well operationalized within the national frame work for the protection and promotion of child welfare.

Financing Issues

1. Inadequate national funding on health sector.
2. Inadequate attention to develop and operationalize policies on PHC financing with focus on child welfare
3. “Free of charge health care services” to all children mandated by the Interim Constitution 2005 is not well materialized.
4. Inadequate social insurance systems and other mechanisms to eliminate financial barriers to child care.
5. Available funds are not equally allocated i.e. primary Vs tertiary and rural Vs urban.

Service delivery issues

1. Management capacity is insufficient, at the federal level, but particularly in the states, where capacity is insufficient to meet their responsibilities under decentralization.
2. Fragmentation of child health care services and inadequate comprehensive, coordinated and integrated basic PHC package both at facility and community levels.
3. Limited access to emergency care at all levels of service delivery and at all times, including pre-referral management at PHC level.
4. Involvement of private sector in provision of quality child health care services is limited.
5. Inadequate access to quality care at tertiary level including quality neonatal care.
6. Lack of psychological supportive services for children with special needs.

7. Implementation of vertical programmes increases the missed opportunities in using the available resources to provide integrated services.
8. Community interventions are well recognized in Sudan, however strong and sustainable partnership with communities is not maximally utilized and is not well oriented to focus on child health and development.
9. Lack of the essential equipment and supplies for neonatal care at health facilities especially the referral hospitals

Human resources development issues

1. Inadequate human resources management (planning, need-based production, deployment, continuous professional development and monitoring)
2. Inadequate human resource capacity for caring of neonatal problems at all levels specially at community level

2- Policy Statements:

General policies:

- Improving people's health and life expectancy is one of the fundamental goals of economic growth. Therefore; the policy envisages health sector development as an integral part of the overall socioeconomic development and advocates for scaling the efforts to reduce poverty and increasing investment in health as an essential element for economic growth.
- The policy envisages healthy early life an important social determinates of health that substantially prolongs life expectancies, prevent earlier death and reduce disease and suffering. Therefore, the policy advocates for improving child and maternal health services as a tool for achieving this objective. IMCI will be the core strategy for child survival, development and welfare
- The policy re-affirms that the provision of essential health care is a principal human right.
- The policy is committed to the attainment of MDGs particularly MDGs related to mothers and children. Global and regional initiatives on 'quick wins' and thrusts to expedite the achievement of the MDGs in Sudan, such as Accelerated Child Survival Initiative and accelerated disease control efforts (including RBM, polio eradication and measles control) will be adopted to provide country specific interventions in an integrated manner.

Child Rights:

- The policy affirms the government commitment to protect children from mental, physical and psychological abuse and abandonment in accordance with agreed on child rights and welfare principles (Interm constitution 2005).
- The policy is committed to all charters and conventions on rights of the children signed by the country, and advocates for inclusion of child rights within the launched and future national and sub-national strategies..

Financing child welfare services:

- Government of Sudan shall secure adequate, equitable and sustainable finance/financial arrangements and flow of funds to support quality child health services at all levels particularly

to the poorest and underserved states, localities and communities.

- The government shall provide and maintain free-of-charge child health care services to all children according to the constitution (2005).

Regulation and or legislations:

- The Federal Ministry of Health shall develop strong inter-sectoral coordination and regulatory mechanisms to ensure healthy environment for children at the level of households, kindergartens and schools, including:
 - Ensuring clear demarcation of roles and responsibilities of the Ministries of health, Social Affairs, General education, Environment and water.
 - Enhancing the implementation of the Integrated Child Law developed by the National Council of Child Welfare.

Service delivery

- The policy envisages strengthening of management and support systems, removal of financial barriers to access to PHC, expansion of infrastructure, investment in human resources, and increased spending on inputs, as key elements for improved service delivery.
- The government shall ensure universal access of all children to quality preventive, promotive, curative, and rehabilitative child health services at all levels this would entail;
 - The network of PHC shall be expanded to provide a well coordinated and integrated quality basic Child PHC package both at facility and community levels. This shall consider coordination with other related sectors including the private sector and the community.
 - Ensuring availability of the basic Child PHC package to address main child interventions at primary facilities and first referral levels. This should include establishing and strengthening psychological supportive services for children with special needs.
 - Ensure availability of quality emergency services at first, secondary and tertiary health facilities.
 - Identify different referral pathways that will ensure timely and prompt care to children, addressing different geographical situations.

- The policy shall enhance community-based initiatives to promote child health, including:
 - Empowering families, communities and populations through the transfer of knowledge, skills and experience to take full responsibility over their health.
 - Examples of care that can be provided at the community level include provision of LLITNs, Vitamin A supplementation, management of neonatal conditions (care of the cord, promotion of exclusive breast feeding, promotion of hand washing and appropriate hygiene practices and Oral Rehydration Therapy for children with diarrhea).
- The policy recognizes the community participation as one of the PHC principles deeply rooted and widely practiced in the Sudan especially the rural communities. Community partnership shapes the quality of the health care services and improve the responsiveness of the health care system at all levels. Therefore, their role in identification of the PHC basic package shall be emphasized as basic right to ensure efficient utilization of services.
- The policy confirms the need for availing home management for mild illness.

Human resources

The policy shall focus on development of human resources that ensures need-based production, quality training, and equitable deployment of all child health care providers.

This entails:

- Advocacy for civil service reform to address human resources mal-distribution and balance the skill-mix addressing levels of care as well as geographical distribution.
- Contribution to enhanced implementation of the ongoing initiatives e.g. career pathway, production calculated on needs by MOH, Sudan declaration for nursing & allied health reform, and development of education accreditation systems.
- Ensure adequate staffing of rural health facilities through deployment and appropriate retention measures (monetary and career development incentives .etc).

Partnership

- The policy acknowledges the support of the traditional partners represented by UN agencies and bilateral partners and the potential partnerships to child health and will take full advantage of the opportunities of the global funding initiatives; GAVI, Global Fund, SPP etc.....
- The policy affirms effective co-ordination mechanisms and strong partnerships with health-related sectors to promote comprehensive and integrated child health care, focusing on children with special needs and circumstances.
- Given that disease and ill health are determined by the environment and other factors not in the arena of the Ministry of Health, FMOH shall promote effective linkages with the Ministries and sectors whose have strong impact on health.

Neonatal Health:

- The Ministry of Health in collaboration with Ministry of Higher Education and academy of health allied should foster basic training of health care provider on neonatal care
- Ministry of health in collaboration with the Medical Institutes (National and States) and CPD should arrange in-service training for current care providers of neonatal care with emphasis on upgrading of skills of village Midwives (VMWs) in neonatal resuscitation.
- VMWs, being the sole care providers for neonatal care at community level should be equipped with the simple measures to deal with neonatal complications.
- Each health facility that provides delivery care should have the three component of level 1 neonatal care namely trained human resources, supplies and equipment and referral policy.
- Advanced training courses to university graduated nurses in tertiary care centers, which should be established at regional hospitals, are mandatory and their retaining has to be assured with predetermined measures.